

# PMHIC VISION BENEFITS (OPTIONS F & H)

IN-NETWORK BENEFITS	OPTION F		OPTION H
FREQUENCY - ONCE EVERY:			
Eye Health Examination inclusive of Dilation (when professionally indicated)	12 Months		
Spectacle Lenses	12 Months		
Frame	12 Months		
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 Months		
Contact Lenses (in lieu of eyeglasses)	12 Months		
COPAYMENTS			
Eye Examination	\$0		
Spectacle Lenses	\$0		
Contact Lens Evaluation, Fitting & Follow-Up Care	\$0		
EYEGLASS BENEFIT - FRAME			
Frame Allowance (Retail)	Up to \$60	Up to \$130 Plus a 20% discount on any overage that may apply <sup>/1</sup>	
Exclusive Collection of Frames <sup>/2</sup> (in lieu of Allowance):			
Fashion Selection	Covered	Covered	
Designer Selection	\$15 copayment	Covered	
Premier Selection	\$40 copayment	\$25 copayment	
EYEGLASS BENEFIT - SPECTACLE LENSES	MEMBER CHARGES		
Clear Plastic Single-Vision, Lined Bifocal, Trifocal or Lenticular Lenses (any size or Rx)	Covered	Covered	
Oversize Lenses	---	Covered	
Tinting of Plastic Lenses	\$11	Covered	
Scratch-Resistant Coating	---	Covered	
Polycarbonate Lenses (Children <sup>/3</sup> / Adults)	\$0 / \$30	\$0 / \$30	
Ultraviolet Coating	\$12	\$12	
Standard Anti-Reflective (AR) Coating	\$35	\$35	
Premium AR Coating	\$48	\$48	
Ultra AR Coating	\$69	\$60	
Standard Progressive Lenses	\$50	\$50	
Premium Progressive Lenses	\$90	\$90	
Ultra Progressive Lenses	\$140	\$140	
High-Index Lenses	\$55	\$55	
Polarized Lenses	\$75	\$75	
Plastic Photochromic Lenses (i.e. Transitions® Signature™)	\$65	\$65	
Scratch Protection Plan: Single Vision / Multifocal Lenses	\$20 / \$40	\$20 / \$40	
CONTACT LENS BENEFIT (in lieu of eyeglasses)			
Contact Lens: Materials Allowance	Up to \$85	Up to \$130 Plus 15% discount on any overage that may apply <sup>/1</sup>	
- Evaluation, Fitting & Follow-Up Care Allowance - Standard Lens Types	---	Covered	
- Evaluation, Fitting & Follow-Up Care Allowance - Specialty Lens Types		Up to \$60 Plus 15% discount on any overage that may apply <sup>/1</sup>	
Collection Contact Lenses <sup>/2</sup> (in lieu of Allowance): - Materials - Evaluation, Fitting & Follow-up Care	Up to 4 boxes Covered	--- ---	
Visually Required Contact Lenses (with prior approval) - Materials, Evaluation, Fitting & Follow-up Care	Covered	Covered	

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE (OPTION H) - UP TO:			
Eye Examination: \$40	Single Vision Lenses: \$40	Trifocal Lenses: \$80	Elective Contact Lenses: \$105
Frame: \$50	Bifocal / Progressive Lenses: \$60	Lenticular Lenses: \$100	Visually Required Contact Lenses: \$225
Contact Lens Daily-Wear Fitting & Evaluation: \$20	Contact Lens Extended-Wear Fitting & Evaluation: \$30		

<sup>1/</sup> Additional discounts are not applicable at Sam's Club and Walmart locations.

<sup>2/</sup> Exclusive Collection is available at participating independent provider offices and is subject to change.

<sup>3/</sup> Polycarbonate lenses covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.