



SUMMARY OF BENEFITS

VISION PLAN

VP125A-10/10-TX

This vision plan includes in- and out-of-network benefits as listed below; if you visit a network provider, you will receive the maximum benefit. If you choose to see an out-of-network provider, you will be reimbursed for services as indicated in the "Out-of-network Coverage" section of this schedule.

Frequency (months)	Exam	Lenses	Frame	Contacts
	12	12	12	12
	In-Network Coverage (Using a Network Provider)		Out-of-Network Coverage (Using a Non-Network Provider)	
Examination	Your Co-payment	\$10	Your Reimbursement	\$35 You are responsible for the provider's usual charge; reimbursement for the amount listed will be paid upon receipt of your claim.
Eyeglasses (lenses & frame)	Your Co-payment The co-payment covers standard lenses at 100%: <ul style="list-style-type: none"> • Single Vision • Bifocal (FT-25, FT-28, Round) • Trifocal (7x25, 7x28) • Standard Progressive • Lenticular • UV Protection • SV Polycarbonate Lenses for members under 18 years If you wish to purchase non-standard lenses (not covered at 100%), you will be responsible for the difference between the credit described below and as little as 80% of provider's usual charge: <ul style="list-style-type: none"> • Single Vision \$35 per pair • Bifocal \$46 per pair • Trifocal \$56 per pair • Lenticular \$125 per pair • Progressive \$120 per pair 	\$10	Your Co-payment \$10 Your Reimbursement <ul style="list-style-type: none"> • Single Vision \$25 per pair • Bifocal \$35 per pair • Trifocal \$45 per pair • Lenticular \$100 per pair • UV Protection \$5 per pair • SV Polycarbonate upgrade for members under 18 years \$10 per pair • Progressive \$85 per pair 	
Frame	Allowance	\$125 Retail Allowance	Reimbursement	\$85
Cosmetic/ Elective Contact Lenses	Allowance	\$160 Available in lieu of all other eyewear benefits.	Reimbursement	\$125 Available in lieu of all other eyewear benefits.
Medically Necessary Contact Lenses	Allowance	\$250 per pair Prior authorization by SafeGuard is required.	Reimbursement	\$250 per pair Prior authorization by SafeGuard is required.

Please refer to your Certificate of Insurance for details on the process and administration of your coverage.

Please note:

If you wish to purchase non-standard frames or lenses (see "Exclusions" on the following page), or elective contact lenses from a contracted vision care provider, you will be responsible for the difference between the allowance shown above and as little as 80% of that provider's usual charge for frames and lenses and as little as 80% for contact lenses (excluding disposable and planned replacement contact lenses). SafeGuard will apply the Standard Lenses allowance toward upgraded lens materials. You will be responsible for the amount over allowance.