

Summary of your vision benefits



Well Eye Exam \$10 Co-payment

Benefit	Frequency	In-Network	Out-of-Network
Exam	Every 12 months	No charge	Not covered

Lenses & Frames \$25 Co-payment for lenses and/or frames.

Benefit	Frequency	In-Network	Out-of-Network
Single vision lenses	Every 12 months	No charge	Not covered
Lined bifocal lenses	Every 12 months	No charge	Not covered
Lined trifocal lenses	Every 12 months	No charge	Not covered
Lenticular lenses	Every 12 months	No charge	Not covered
Frames	Every 24 months	\$100 allowance	Not covered

Contact Lenses

No co-payment for contacts and they can be obtained instead of spectacle lenses and frames. Allowance applies to lenses and fitting fees.

Benefit	Frequency	In-Network	Out-of-Network
Visually necessary contact lenses	Every 12 months	\$120 allowance	Not covered
Medically necessary contact lenses*	Every 12 months	\$300 allowance	Not covered

* Require prior approval and diagnosis of keratoconus (371.61) or aphakia (379.31) after cataract surgery.

Laser Vision Correction

Discount based on treatment of both eyes and is deducted from surgeon's fee.

Benefit	In-Network	Out-of-Network
Laser vision correction by Pacific Cataract and Laser Institute Learn more about them at www.pcli.com .	\$320 discount	Not covered

Non-covered Items

Your doctor will bill usual and customary fees for lens add-ons, upgrades, materials and services not covered by this program.

Questions about your coverage?

Contact your employer or human resources department or visit our website at PVCare.com.

