

Vision by Design®

Rates Effective: 01/01/17

Ohio Oil and Gas Association Group Number 902-14-32500-001

Services	Exam and Eyewear	
	In-Network Only	In-Network Only
<u>Vision Care Services:</u> Exam with Dilation (as necessary): Contact Lens Fit and Follow-up: Standard Premium** (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed) Examination Frequency	\$(0, 10, 20) Copay \$0 Copay \$0 Copay, 10% off retail, then apply \$55 allowance 12 months**	\$35 Allowance \$40 Allowance \$40 Allowance 12 months**
<u>Frames:</u> Any available frame at provider location Frames Frequency	\$(100, 130) Allowance; 20% off balance over allowance	\$45 allowance 12 months**
<u>Standard Plastic Lenses:</u> Single Bifocal Trifocal Lens Frequency	\$(0, 10, 20) Copay \$(0, 10, 20) Copay \$(0, 10, 20) Copay 12 Months**	\$25 \$40 \$55 12 Months**
<u>Lens Options:</u> UV Coating Tint (Solid and Gradient) Standard Scratch Resistant Coating Standard Polycarbonate Standard Anti-Reflective Coating Standard Progressive (Add-On to Bifocal) Other Add-Ons and Services	In-Network Member Pays: \$15 \$15 \$15 \$40 \$45 \$65 20% off retail	Discount available only at Network providers and retailers
<u>Contact Lenses (Material Only):</u> Conventional or Disposable Medically Necessary Contact Lens Frequency	\$0 Copay, \$(80, 120) Allowance; 15% off balance over allowance (conventional only) Paid-in-Full 12 Months**	\$65 Allowance \$200 Allowance 12 Months**
<u>Monthly Rates (Voluntary):</u> Employee only Employee plus one Employee plus two Employee plus three or more		\$ 8.17 \$ 15.43 \$ 18.25 \$ 24.29
<p style="text-align: center;">Go to EyeMedVisionCare.com to locate a provider near you, or call 866-723-0513 to speak to a representative.</p>		

Rates are guaranteed for 24 months.

*Premium Contact Lens Fitting - all lens designs, materials speciality fittings other than Standard (ex: toric, multifocal, etc.).

**Once in a 12-month period defined by last date of service.

**Disclaimer: This is a summary of benefits only. Please refer to the policy for comprehensive benefit details.
Payment is based upon allowable charges in the area in which the service is rendered.**



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