

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	\$10 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 Allowance; 20% off balance over allowance	\$45 allowance 12 months**
<u>Standard Plastic Lenses:</u> Single Bifocal Trifocal Lens Frequency	\$10 Copay \$10 Copay \$10 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 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		\$ 8.46 \$ 15.97 \$ 18.89 \$ 25.14

Go to EyeMedVisionCare.com to locate a provider near you, or call 866-723-0513 to speak to a representative.

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.***

As part of the Patient Protection and Affordable Care Act (PPACA), insurers will be required to pay an annual industry fee. Companion Life will incorporate this fee into our Vision billing effective January 1, 2018. This fee will be listed separately on your billing so that you see that it is a federal fee, and not a rate increase. **The rates above include this fee.** The Health Industry fee is intended to raise revenues that will support the individual insurance market and help fund exchanges and support medical research.

