

## Plan Benefits List

Plan	Carrier	Coverage	Effective	Location
VOL GN VISION 12/12/24 10/10 COPAY 160 FRAME 160 CONTACT	Humana (CA)	Vision	12/1/2018	CA
<b>VISION EXAMS</b>	<b>PPO</b>	<b>Out of Network</b>		
Exam:	\$10 copay	\$30 allowance		
<b>LENSES AND FRAMES</b>	<b>PPO</b>	<b>Out of Network</b>		
Single Vision Lenses:	Covered in full after \$10 materials copay	\$25 allowance after \$10 materials copay		
Bifocals:	Covered in full after \$10 materials copay	\$40 allowance after \$10 materials copay		
Trifocals:	Covered in full after \$10 materials copay	\$60 allowance after \$10 materials copay		
Lenticular:	Covered in full after \$10 materials copay	\$100 allowance after \$10 materials copay		
Frames:	\$160 retail allowance	\$80 retail allowance after \$10 materials fee		
<b>CONTACTS</b>	<b>PPO</b>	<b>Out of Network</b>		
Necessary:	\$0 copay	\$210 allowance		
Elective:	\$160 allowance + 15% off balance over \$160	\$128 allowance		
<b>BENEFIT FREQUENCY</b>	<b>PPO</b>	<b>Out of Network</b>		
Examination:	One visits/12 months	combined w/PPO		
Lenses:	Once every 12 months	combined w/PPO		
Frames:	One pair/24 months	combined w/PPO		