



Below you will find your Full Benefits Summary including your Vision Benefits, Enhanced Benefits, and Bonus Benefits. Please print this document and bring it with you to your appointment. If you need any assistance, please call 1-855-653-0586.

## VISION BENEFITS SUMMARY

Description	Co-pays
<b>EXAMINATION</b>	
Includes Tonometry	INCLUDED
<b>FRAMES</b>	
Non Covered Frame	U&C less \$100
GVS Collection - Classic	INCLUDED
GVS Collection - Metropolitan	INCLUDED
GVS Collection - Premier	\$45.00 co-pay
<b>LENSES</b>	
Single Vision	INCLUDED
Flat Top FT28 & FT35	INCLUDED
TriFocals	INCLUDED
Standard Progressive	\$50.00 co-pay
Oversize	INCLUDED
<b>MATERIALS</b>	
Plastic	INCLUDED
Polycarbonate	\$30.00 co-pay
Hi-Index	\$55.00 co-pay
<b>COATINGS</b>	
Cosmetic or Sunglass Tint	INCLUDED
Scratch Resistant Coating	INCLUDED
Ultra Violet Coating	INCLUDED
Anti-reflective Standard Coating	\$40.00 co-pay
Anti-reflective Premium Coating	\$90.00 co-pay
<b>CONTACTS</b>	
Colored Contact Lenses are <b>NOT</b> included	
Fitting and Dispensing Included for the following Lenses	INCLUDED
Fitting Fee for Upgraded Lenses	\$50.00 co-pay
Spherical Disposables- 6 month supply	INCLUDED
Non Covered Contact Lenses	U&C less \$100

## LENS BENEFITS CO-PAYS

<b>PROGRESSIVE LENSES</b>	
Premium Progressive	\$80.00 co-pay
Deluxe Progressive	\$120.00 co-pay
<b>PLASTIC PHOTOSENSITIVE LENSES</b>	
Photochromatic Bifocal	\$95.00 co-pay
Photochromatic Single Vision	\$65.00 co-pay
Polarized	\$95.00 co-pay

Please make an appointment. Doctors hours may vary from store hours.  
For Florida locations, eye exams may have a co-pay.  
Any additional services that surpass the benefit are the responsibility of the patient.

**30% Discount on all optical services not listed above, including 2nd pairs.**