



Co-Pays ¹		Service Frequency (in Months)	BASE Plan	ENHANCED Plan	Monthly Premium	BASE Plan	ENHANCED Plan
Eye Examination	\$ 10	Eye Examination	12	12	Employee Only	\$ 6.56	\$ 7.22
Materials ²	\$ 10	Frames	24	24	Employee + 1	\$ 11.81	\$ 12.99
Contact Lens Fitting	\$ 20	Contact Lens Fitting	12	12	Family	\$ 18.37	\$ 20.20
		Lenses	12	12			
		Contact Lenses	12	12			

Benefits ^{3,4}	BASE Plan In-Network	ENHANCED Plan In-Network	BASE & ENHANCED Out-of-Network
Eye Examination (Ophthalmologist)	Covered in Full	Covered in Full	Up to \$ 35
Eye Examination (Optometrist)	Covered in Full	Covered in Full	Up to \$ 25
Frame Allowance	\$ 130 Retail Allowance	\$ 150 Retail Allowance	Up to \$ 75
Contact Lens Fitting (Standard) ⁵	Covered in Full	Covered in Full	N/A
Contact Lens Fitting (Specialty) ⁶	\$ 60 Retail Allowance	\$ 60 Retail Allowance	N/A
Lenses (Standard) Per Pair:			
Single Vision Lenses	Covered in Full	Covered in Full	Up to \$ 25
Lined Bifocals	Covered in Full	Covered in Full	Up to \$ 40
Lined Trifocals	Covered in Full	Covered in Full	Up to \$ 50
Standard Progressive ⁷	Covered in Full	Covered in Full	Up to \$ 40
Lenticular	Covered in Full	Covered in Full	Up to \$ 80
Polycarbonate for Dependent Children	Covered in Full	Covered in Full	N/A
Contact Lens Allowance: Elective	\$ 130 Retail Allowance	\$ 150 Retail Allowance	Up to \$ 100
Contact Lens Allowance: Medically Necessary	Covered In Full	Covered In Full	Up to \$ 200

Participating VisaNet Providers – This Plan contains a Participating Provider arrangement. Insureds have the right to obtain vision care from the Provider of their choice. Covered charges will be reimbursed according to the Schedule in the Certificate of Coverage.

Limitations and Exclusions - The proposed plan will be administered to match the current plan’s benefits, limitations and exclusions as closely as possible. Benefits are not payable for care not listed in the Schedule of Services in the group Certificate. For a complete list of all limitations and exclusions, please refer to the group Policy documents.

Open Enrollment – There shall be an Open Enrollment Period each year during which the Group is given no less than thirty (30) days to offer eligible Applicants an opportunity to elect coverage or make changes to their existing coverage. There will be no “Late Entrant” penalties assessed during this time. Open Enrollment is typically the thirty (30) days prior to the Policy Anniversary Date, i.e., Policy Anniversary date is January 1, open enrollment is held during the month of December. The Open Enrollment Period can be changed to correspond with any Medical or Cafeteria Plan enrollments.

To enroll, please call 1-866-322-2244.

If you have questions regarding coverage, claims, or need assistance locating a provider, please call 205-451-0444.

This summary is a brief description of the plan benefits and is designed to highlight features of the program only. A more complete description of benefits and exclusions is found in the Certificate of Coverage.

¹ Co-pays apply to in-network benefits; co-pays for out-of-network benefits are deducted from reimbursements.

² Materials Co-Pay applies to lenses or frames only, no contact lenses.

³ All allowances are at a retail value; the insured is responsible for any charges exceeding this retail allowance.

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit.

⁵ Standard Contact Lens Fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only.

⁶ Specialty Contact Lens Fitting applies to new contact wearers and/or a member who wears toric, gas permeable, or multi-focal lenses.

⁷ If premium progressives are selected, members receive an allowance based on provider's charges for standard progressive lenses.