# Lower Colorado River Authority - Standard Plan

## SUMMARY OF BENEFITS

<table>
<thead>
<tr>
<th>Vision Care Services</th>
<th>In-Network Member Cost</th>
<th>Out of Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam With Dilatation as Necessary</td>
<td>$10 Copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Retinal Imaging</td>
<td>Up to $39</td>
<td>N/A</td>
</tr>
<tr>
<td>Frames</td>
<td>$0 Copay; $125 allowance, 20% off balance over $125</td>
<td>Up to $68</td>
</tr>
</tbody>
</table>

### Standard Plastic Lenses

- Single Vision: $20 Copay
- Bifocal: $20 Copay
- trifocal: $20 Copay
- Lenticular: $20 Copay
- Standard Progressive Lens: $85 Copay
- Premium Progressive Lens: $105 Copay - $130 Copay
  - Tier 1: $105 Copay
  - Tier 2: $115 Copay
  - Tier 3: $130 Copay
  - Tier 4: $85 Copay, 20% off charge less $120 Allowance

### Lens Options (paid by the member and added to the base price of the lens)

- UV Treatment: $15
- Tint (Solid and Gradient): $15
- Standard Plastic Scratch Coating: $15
- Standard Polycarbonate - age 19 and over: $40
- Standard Polycarbonate - under age 19: $40
- Standard Anti-Reflective Coating: $45
- Premium Anti-Reflective Coating: $57 - $68
  - Tier 1: $57
  - Tier 2: $68
  - Tier 3: 20% off Retail Price
- Photochromic/Transitions: $75
- Polarized: 20% off Retail Price
- Other Add-Ons and Services: 20% off Retail Price

### Contact Lens Fit and Follow-up

- Standard Contact Lens Fit & Follow-Up: $20 Copay; Paid-in-full fit and two follow-up visits
- Premium Contact Lens Fit & Follow-Up: $20 Copay; 10% off Retail Price, then apply $55 Allowance

### Contact Lenses (Contact Lens allowance includes materials only)

- Conventional: $0 copay; $120 allowance, 15% off balance over $120
- Disposable: $0 copay, $120 allowance, plus balance over $120
- Medically Necessary: $0 copay, Paid-in-full

### Laser Vision Correction

- LASIK or PRK from U.S. Laser Network: 15% off the retail price or 5% off the promotional price

### Hearing Care

- Hearing Health Care from Amplifon Hearing Network: 40% off hearing exams and low price guarantee on discounted hearing aids

### Frequency

- Examination: Once every 12 months
- Lenses (in lieu of contact lenses): Once every 12 months
- Contacts (in lieu of lenses): Once every 24 months
- Frame: Once every 24 months

---

*40% OFF Complete pair of prescription eyeglasses

*20% OFF Non-prescription sunglasses

*20% OFF Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

---

*You’re on the Insight Network*  
*For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1-866-804-0982*

*For LASIK providers, call 1-877-5LASER6*

---

GL-03000222239

---

Underwritten by Combined Insurance Company of America, 5050 Broadway, Chicago, IL 60640, except in New York. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.
Get more and see more with EyeMed

CHOOSE A DOC
EyeMed members choose from the right mix of thousands of providers—-independent eye doctors, your favorite retail stores and everything in between. Find your ideal fit at eyemed.com or the EyeMed Members App.

CREATE AN ACCOUNT
Get special offers with an account on eyemed.com. Enter your email, choose a password and sign up for emailed savings. Log in 24/7 to view your benefit details or health and wellness information.

MOBILIZE YOUR BENEFITS
The EyeMed Members App makes your benefits easy to understand— and even easier to use. Find an eye doctor near you, schedule an appointment and manage your vision benefits.

72% AVERAGE SAVINGS

on eye exams and glasses for EyeMed members*

Learn more about enrolling in EyeMed vision benefits at enroll.eyemed.com and see more of the good stuff.

*Based on a sample transaction on the Insight network with a covered exam and eyewear benefits