Summary of Benefits

- **Do not rely on this chart alone.** This page summarizes specific expenses we cover; for more detail, please review the individual sections of this brochure.
- We offer additional benefits for children age of 13 and under as well as members with specific conditions (e.g. diabetes, hypertension) see full details in Section 5.
- We offer an additional $50 frame allowance if you utilize a MyEyeDr. location.
- If you want to enroll or change your enrollment in this plan, please visit www.BENEFEDS.gov or call 1-877-888-FEDS (1-877-888-3337), TTY: 711, International: 1-571-730-5942.

Covered Services In-Network
Vision Care Exams (a comprehensive exam that focuses on your eye health and overall wellness)
High Option: You pay nothing
Standard Option: You pay nothing
Page: 14 [Diagnostic]

Standard Eyeglass Lenses (Contact lenses may be obtained instead of glasses)
High Option You pay nothing
Standard Option: You pay: $10
Page: 14 [Eyewear]

Optional Lenses and Treatments
High Option: You pay nothing for Transitions®, Polycarbonate Lenses, Standard Progressives Lenses, Tinted Lenses, Ultraviolet Protective Coating. Some additional copays apply to other lens treatments.
Standard Option: You pay nothing for Polycarbonate Lenses, Tinted Lenses, Ultraviolet Protective Coating. Some additional copays apply to other lens treatments.
Page: 15 [Eyewear]

Frame Allowance - Collection Frames:
High Option: You pay nothing
Standard Option: You pay nothing
Page: 15 [Eyewear]

Frame Allowance
High Option: You pay any amount over the $200 Plan frame allowance after a 20% discount at independent providers. **At MyEyeDr. you pay any amount over $250** frame allowance. 20% discount does not apply.
Standard Option: You pay any amount over the $160 Plan frame allowance after a 20% discount at independent providers. **At MyEyeDr. you pay any amount over $210** frame allowance. 20% discount does not apply.
Page: 15 [Eyewear]

Contact Lenses
High Option You Pay: Any amount over the $150 Plan contact lenses allowance after a 15% discount at independent providers. The $150 allowance is for contact lens materials only and must be used all at one time. For Non-Specialty contact lenses evaluation, fitting and follow-up care are covered in full at network providers. For Specialty lenses you receive a $60 allowance at in-network providers.
Standard Option You Pay: Any amount over the $140 Plan contact lenses allowance after a 15% discount at independent providers. The $140 allowance is for contact lens materials only and must be used all at one time. For Non-Specialty contact lenses evaluation, fitting and follow-up care you pay a $55 copay at network providers.
Page: 16 [Contact Lenses]

Laser Vision Correction
High Option: You pay the provider's charge after the negotiated discount
Standard Option: You pay the provider's charge after the negotiated discount.
Page: 18 [Discounts]

See Section 4, Your Cost for Covered Services, for the Out-of-Network benefits available under High Option. See Section 5, Vision Services and Supplies, for complete benefit information.