

SCHEDULE OF BENEFITS

Insight 201 Point32Health Vision 360 – Plan CV0000700064 / 10000064

BENEFIT FREQUENCY		
Vision Examinations		
Comprehensive Eye Examination	once per calendar year	Insured Person
Vision Materials		
Frame	once per two calendar years	Insured Person
Lenses and Lens Options	once per calendar year	Insured Person
Contact Lenses	once per calendar year	Insured Person

<i>BENEFIT</i>	<i>In-Network</i>		<i>Out-of-Network (Reimbursement up to)</i>
	Insight 201 360 In-Network Provider	In-Network Provider	Out-of-Network Provider
Vision Examinations			
Unless otherwise indicated, the various Vision Examinations are in addition to the Comprehensive Eye Examination if recommended by the Provider.			
Comprehensive Eye Examination	\$0 Copayment	\$10 Copayment	\$57
Retinal Imaging Examination	\$39		\$0
Contact Lenses Fit and Follow-up			
Contact Lenses Fit and Follow Up is available once a Comprehensive Eye Examination has been completed.			
Standard	\$40 Copayment		\$0
Premium	10% Discount		\$0
Medically Necessary	\$0 Copayment		\$0
Vision Materials			
Frame	\$200 Allowance	\$150 Allowance	\$90
Contact Lenses			
Only one of the following Contact Lenses benefits may be used for the Contact Lenses benefit.			
Conventional	\$150 Allowance		\$90
Disposable	\$150 Allowance		\$90
Medically Necessary	\$0 Copayment		\$210

<i>BENEFIT</i>	<i>In-Network</i>	<i>Out-of-Network (Reimbursement up to)</i>
	In-Network Provider	Out-of-Network Provider
Standard Plastic Lenses		
Single Vision	\$10 Copayment	\$47
Bifocal	\$10 Copayment	\$79
Trifocal	\$10 Copayment	\$113
Lenticular	\$10 Copayment	\$113
Progressive –Standard	\$75 Copayment	\$79
Premium - Progressive		
Tier 1	\$110 Copayment	\$79
Tier 2	\$120 Copayment	\$79
Tier 3	\$135 Copayment	\$79
Tier 4	\$75 Copayment, 20% off retail price less \$120 Allowance	\$79
Lens Options		
Anti-Reflective Coating		
Standard	\$45 Copayment	\$0
Premium		
Tier 1	\$57 Copayment	\$0
Tier 2	\$68 Copayment	\$0
Blue Light	\$15 Copayment	\$0
Photochromic Non-Glass Lens	\$75 Copayment	\$0
Polycarbonate Lenses – Standard	\$40 Copayment – Adult \$0 Copayment – Pediatric under 19	\$0 - Adult \$22 – Pediatric under 19
Scratch Coating – Standard Plastic	\$0 Copayment	\$10
Tint –Standard	\$15 Copayment	\$0
UV Treatment	\$15 Copayment	\$0