

SELECT PLUS 100 PLAN

COVERAGE	IN-NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENT*	BENEFIT FREQUENCY
Comprehensive Eye Examination with dilation	Copay TBD	Reimbursed up to \$40 (less applicable copay)	Frequency TBD
Eyeglass Lenses (standard plastic)	<p>Copay TBD includes:</p> <ul style="list-style-type: none"> - Single - Bifocal - Trifocal - Lenticular <p>Polycarbonate lenses covered-in-full for members age 19 and younger; \$30 copay over the age of 19.</p> <p>Additional \$50 copay Standard Progressive Lenses.</p> <p>Additional \$60 copay Photochromic Lenses.</p>	<p>Reimbursed (less applicable copay):</p> <ul style="list-style-type: none"> - Single up to \$20 - Bifocal up to \$40 - Trifocal up to \$60 - Lenticular up to \$100 <p>No out-of-network reimbursement available for polycarbonate lenses.</p> <p>No out-of-network reimbursement available for standard progressive lenses.</p> <p>No out-of-network reimbursement available for photochromic lenses.</p>	Frequency TBD
Eyeglass Frames	Copay TBD (no copay if included with Eyeglass Lenses); paid in full on Special Frame Selection; outside of the Selection, \$100 allowance outside of the selection (less applicable copay).	Reimbursed up to \$40 (no copay if included with eyeglass lenses).	Frequency TBD
Contact Lens Examination	\$30 allowance	No reimbursement available.	Frequency TBD
Contact Lenses (in lieu of Eyeglasses)** Conventional / Disposable	\$100 allowance (less applicable copay)	Reimbursed up to \$60 (less applicable copay)	Frequency TBD
Contact Lenses (in lieu of Eyeglasses)** Medically necessary***	\$250 allowance (less applicable copay)	\$250 allowance (less applicable copay)	Frequency TBD
Laser Vision Correction (LASIK)	Discount pricing	No reimbursement available.	

* Submit Member Out-Of-Network Reimbursement Form and copy of paid receipt to Advantica EyeCare.

** This benefit is paid only once during the Group's Benefit Period and must be fully utilized at the time of purchase.

*** Limited to Aphakia, Keratoconus or Severe Anisometropia and requires pre-authorization by Advantica EyeCare.

Plan is qualified under IRS Section 125.
AEC.SB PDM SP150 07/03

NATIONAL NETWORK OF INDEPENDENT & RETAIL PROVIDERS.

Advantica EyeCare's national network is comprised of both independent and national retail optical locations. Please visit our website at www.advanticaeyecare.com to view our entire network, or contact our Service Center at (866) 425-2323.

When scheduling an appointment, please be sure to inform the provider that you are an Advantica member.







