

**Lafayette County (MS)**  
**Group Effective Date: January 1, 2015**  
**Group Renewal Date: January 1, 2019**  
**Group Number: 2LAYT115**  
**AlwaysVision<sup>SM</sup> Plan: V717**

**Vision Benefit Summary (Custom Plan)**

Vision Care Services	Participating Providers	Out-of-Network Allowance
<b>Exam</b>	\$10 Co-pay	Up to \$35
<b>Materials</b>	\$10 Co-pay	
<b>Standard Plastic Lenses:</b> Single Vision Bifocal Trifocal Lenticular Progressive  <b>Lens Options:</b> Polycarbonate Lenses for children for children to age 19 only  Scratch resistant coating	Covered by Co-pay Covered by Co-pay Covered by Co-pay Covered by Co-pay \$70 allowance  Covered at Wal-Mart & Sam's Club only  Covered at Wal-Mart only	Up to \$25 Up to \$40 Up to \$50 Up to \$50 Up to \$40  N/A  N/A
<b>Frames:</b> Members choose from any frame available at provider locations.	\$120 retail allowance. (Up to \$94 at Wal-Mart, Sam's Club & Costco*)	Up to \$50 retail
<b>Contact Lenses:</b> Contact lenses may be purchased <b>in lieu of</b> frames and eyeglass lenses. <b>(Includes fit, follow-up and materials)</b> Elective Medically Necessary	\$0 Co-pay  Up to \$120 retail Covered in full	Up to \$100 retail Up to \$210 retail
<b>Frequency</b>	Exams Eyeglass Lenses Frames Contact Lenses	Once every 12 months Once every 12 months Once every 24 months Once every 12 months
<b>Laser Vision Correction:</b>	AlwaysCare offers nationwide access to discounts on LASIK surgery through a partnership with TLC Vision and other independent providers. Discounts are available with participating providers. This is not an insured benefit. Visit our web site to find the specialist closest to you.	

\* Special payment and reimbursement terms apply for material purchases at Costco.