



PESG Vision Benefits Summary

Coverage Benefit Type	Network ¹	Out-of-Network ²
Eye Examination	100%	Up to \$35
--Single Vision	100%	Up to \$25
--Bifocal	100%	Up to \$40
--Trifocal	100%	Up to \$55
--Lenticular	100%	Up to \$55
Frames	100% ³	Up to \$45
Elective Contact Lenses⁴		
--Covered-in-full Contacts	100%	Up to \$64
--All other elective contacts	Up to \$105	Up to \$64
Necessary Contact Lenses⁵	100%	Up to \$200

1) Network Benefits - \$10 Exam and \$10 materials copays and patient options are paid to the network provider by the plan participant. Covered Lens options include: Scratch resistant coating, tints and UV. Exams, lenses and frames are covered once every 12 months from last date of service.

2) Out-of-Network Benefits - The plan participant pays full fee to the provider and Spectera reimburses the participant for services rendered up to maximum allowance. There are no copays or deductibles.

3) Frame Benefit -With Spectera's frame benefit, all frames with a \$50 wholesale cost or less are covered-in-full at private practice providers. For any frame with a wholesale cost greater than \$50 at private practice providers, the participant only pays the difference between the wholesale cost of the frame and the \$50 allowance. Plan participants receive a minimum \$130 frame allowance for frames

4) Contact lenses are provided in lieu of spectacle lenses and frames. Spectera's contact lens benefit covers in-full (after applicable copay) the fitting/evaluation fees, contacts (disposable contacts/up to 4 boxes, depending on prescription and plan selected), and up to two follow-up visits. A \$125 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of Spectera's covered-in-full contacts (materials copay does not apply). Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.

5) Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery; To correct extreme vision problems that cannot be corrected with spectacle lenses; With certain conditions of anisometropia; With certain conditions of keratoconus.

Monthly Vision Prices

Single:	\$10.77
Double:	\$19.86
Family:	\$27.82