



## PLAN DOCUMENT

Vision Benefit Plan Information	
Plan ID	1919330386
Plan Version ID	1919330386
Effective Date	1/1/2023
Plan Description	C1 PPO Comprehensive
Customization Level	Level 1
Product Segment	Global Health Care
Market Segment	All Segments
Product Type	Benefit Plan
Product Family	Vision
Product	Vision Benefit Plan
Base Child Indicator	Base

Plan Option			
Vision Plan Type	Vision Plan Type	Vision Plan Type	C1 PPO Comprehensive
		<b>Pediatric Vision Coverage under age 19</b>	<b>Not Covered</b>
Vision Benefit Period	Vision Benefit Period	Benefit Period	Calendar Year
		Frequency (Exam/Lens/Contact Lens/Frame)	12/12/12/24
Eye Exam	Eye Exam	<b>Eye Exam Cost Share In-Network (IN)</b>	<b>Eye Exam Copay In-Network (IN)</b>
		Eye Exam Copay In-Network (IN)	\$10
		Eye Exam Coinsurance In-Network (IN)	100%
		<b>Eye Exam Cost Share Out of Network (OON)</b>	<b>Eye Exam Reimbursement Out of Network (OON)</b>
		Eye Exam Reimbursement Out of Network (OON)	\$45
Optional Exam Enhancements	Optional Exam Enhancements	<b>Retinal Screening</b>	<b>Not Covered</b>
		<b>Contact Lenses Professional Services</b>	<b>Not Included</b>

<b>Material Coverage - Lenses</b>	<b>Material Coverage - Lenses</b>	<b>Lenses Cost Share In-Network (IN)</b>	<b>Lenses Copay In-Network (IN)</b>
		Lenses Copay In-Network (IN)	\$20
		Lenses Coinsurance In-Network (IN)	100%
		<b>Lenses Cost Share Out of Network (OON)</b>	<b>Lenses Reimbursement Out of Network (OON)</b>
		Lenses Reimbursement Out of Network (OON)	32/55/65/80
		<b>Lens Enhancement Options</b>	<b>Not Covered</b>
<b>Material Coverage - Contact Lenses</b>	<b>Material Coverage - Contact Lenses</b>	Contact Lenses Reimbursement In-Network (IN)	\$130
		Contact Lenses Therapeutic Reimbursement In-Network (IN) Coverage	Covered in Full
		Contact Lenses Reimbursement Out of Network (OON)	\$105
		Contact Lenses Therapeutic Reimbursement Out of Network (OON)	\$210
<b>Material Coverage - Frames</b>	<b>Material Coverage - Frames</b>	Frame Retail Reimbursement In-Network (IN)	\$130
		Frame Retail Reimbursement Out of Network (OON)	\$71

## Benefit Option

<b>Low Vision Coverage</b>	<b>Not Covered</b>
<b>Safety Eyewear Coverage</b>	<b>Not Covered</b>