

Summary of Benefits for Plan 16 - Supreme

Coverage by Wellness 605, Inc.

Benefits <i>Calendar year is defined as January through December when a member has active coverage.</i>		In-Network Member Cost	Out-of-Network Member Reimbursement
Exam , once per calendar year (includes dilation)		\$0 copay	Up to \$30
Retinal Imaging, once per calendar year		Up to \$39	Not covered
Frames , once per calendar year		\$0 copay; \$200 allowance; 20% off balance over \$200	Up to \$100
Lenses Once per calendar year	Single Vision	\$0 copay	Up to \$25
	Bifocal		Up to \$40
	Trifocal		Up to \$55
	Lenticular		Up to \$55
Lenses (Progressive)	Standard	\$0 copay	Up to \$55
	Premium Tiers 1-3	\$20-\$45 copay	Not covered
	Premium Tier 4	\$0 copay; 20% off retail price less \$120 allowance	Not covered
Lenses (materials and options) Once per calendar year	Standard polycarbonate Kids (under age 19)	\$0 copay	\$5
	Standard polycarbonate Adults (age 19 and over)	\$40	Not covered
	Anti reflective coating Standard, Tiers 1 and 2	\$0-\$68	Up to \$5; standard only
	Anti reflective coating Tier 3	20% off retail price	Not covered
	Photochromic (non glass)	\$75	Not covered
	UV Treatment	\$15	Not covered
	Standard plastic scratch coating	\$0 copay	Up to \$5
	Tint (solid and gradient)	\$15	Not covered
Contact lenses , in place of lenses for glasses Once per calendar year	Disposable	\$0 copay; \$200 allowance	Up to \$160
	Conventional	\$0 copay; \$200 allowance; 15% off balance over \$200	Up to \$160
	Medically necessary	\$0 copay	Up to \$210
Contact lens fit and follow-up appointment After a comprehensive eye exam has been completed	Standard	\$0 copay	up to \$40
	Premium	10% off retail price	Not covered

DeltaVision® services provided by

Wellness 605, Inc (1-877-841-1478) - Sales, enrollment, and billing

EyeMed (1-844-844-0917) - Claims, customer service, and find an Insight Network provider

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