# CSEBO VISION INSURANCE

## PPO COMPARISON

**EFFECTIVE 10/1/201 - 9/30/2020**

### GENERAL PLAN INFORMATION

<table>
<thead>
<tr>
<th>Service Frequencies</th>
<th>BASE In-Network</th>
<th>BASE Out-of-Network</th>
<th>BUY-UP In-Network</th>
<th>BUY-UP Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam Every</td>
<td>12 months</td>
<td>12 months</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Lenses Every</td>
<td>12 months</td>
<td>12 months</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Frame Every</td>
<td>24 months</td>
<td>24 months</td>
<td>12 months</td>
<td>12 months</td>
</tr>
</tbody>
</table>

### Benefits

- **Copays**
  - Examination
    - BASE: $10, Covered after copay
    - BUY-UP: $10, Covered after copay
    - In-Network: $10, Covered after copay up to $45
    - Out-of-Network: $10, Covered after copay up to $45

### Prescription Glasses

- **Frame Allowance**
  - BASE: $150, up to $70
  - BUY-UP: $250, up to $70

- **Contacts (instead of glasses)**
  - BASE: $150, up to $105
  - BUY-UP: $250, up to $105

### Lenses

- **Single Vision**
  - BASE: Covered after copay up to $30
  - BUY-UP: Covered after copay up to $30

- **Lined Bifocal**
  - BASE: Covered after copay up to $50
  - BUY-UP: Covered after copay up to $50

- **Lined Trifocal**
  - BASE: Covered after copay up to $65
  - BUY-UP: Covered after copay up to $65

### Lense Enhancements (Negotiated Member Share)

- **Anti-Reflective Coatings**
  - BASE: $41 - $85
  - BUY-UP: Provider rate

- **Photochromatic Adaptive Lenses**
  - BASE: $70 - $82
  - BUY-UP: Provider rate

- **Tinted (Colored) Lenses**
  - BASE: $15 - $17
  - BUY-UP: Provider rate

- **Polycarbonate Lenses**
  - BASE: $31 - $35
  - BUY-UP: Provider rate

- **Progressive Lenses**
  - BASE: $55 - $175
  - BUY-UP: Up to $50

- **Scratch-Resistant Coating**
  - BASE: $17 - $33
  - BUY-UP: Provider rate

- **UV Protection**
  - BASE: $16
  - BUY-UP: Provider rate

### Note

- This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

- To access the Uniform Glossary of Health Coverage and Medical Terms, please visit: [http://www.csebo.net/Resources/Uniform-Glossary](http://www.csebo.net/Resources/Uniform-Glossary).