

## Vision Plan Benefits

### Open Network

BENEFIT	DESCRIPTION	U.S. COPAY	Mexico COPAY
<b>Well Vision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every 12 months</li> </ul>	<b>\$10</b>	<b>\$5</b>
<b>Prescription Glasses</b>		<b>\$25</b>	<b>\$10</b>
<b>Frames</b>	<ul style="list-style-type: none"> <li>\$135 allowance for wide selection of frames</li> <li>\$150 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$70 Costco frame allowance</li> <li>Every 24 months</li> </ul>	<b>Included in prescription Glasses</b>	<b>Included in prescription Glasses</b>
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every 12 months</li> </ul>	<b>Included in prescription Glasses</b>	<b>Included in prescription Glasses</b>
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Every 12 months</li> </ul>	<b>\$50</b> <b>\$90</b> <b>\$160</b>	<b>\$50</b> <b>\$80</b> <b>\$120</b>
<b>Contacts (Instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$135 allowance for contacts; copays does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>	<b>Up to \$100</b>	<b>Up to \$100</b>
<b>Extra Savings</b>	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off</li> </ul>		

Coverage/Frequency	Stateside	Mexico
<b>Prescription Frames/Contacts</b> (Every 24 Months)	\$135.00 Allowance & 20% off Balance	\$135.00 Allowance & 20% off Balance
<b>Examination</b> (Every 12 Months)	\$10 co-pay	\$5 co-pay
<b>Lenses</b> (1 Pair/Every 12 Months)	\$25 co-pay	\$10 co-pay
<b>Contact Fitting</b>	\$60 Co-Pay	\$60 Co-Pay
<b>Single Vision, Bifocal, Trifocal, Lenticular</b>	Included	Included
<b>Additional Benefit</b>	LASIK Discounts & Lens Enhancement Discounts	LASIK Discounts & Lens Enhancement Discounts

**This is an Open Network Plan, meaning you can obtain services from a Provider of Choice but claims will be paid according to the above Benefits.**

*Please call your TWIA customer service department at (800) 221-8942 for further information.*

*Note: This outline is for use as a reference only and is a summary of available benefits. It is not a contract. All benefits referenced are subject to any applicable exclusions and/or limitations in your Transwestern Insurance Summary Benefits Description and member eligibility at the time services are rendered*