<table>
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<tr>
<th>Plan: Vision 130B</th>
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<tr>
<td>Group: Southern Utah University (Plan #144)</td>
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**Plan Type:** Voluntary  
**Effective Date:** 7/1/2014  
**Benefit Year:** Contract

### In-Network | Out-of-Network
---|---
**Eye Exam** | No Eye Exam Benefit

### Lenses
- **Single Vision** | $10 Co-pay
- **Bifocal (FT 28)** | $10 Co-pay
- **Trifocal (FT 7*28)** | $10 Co-pay

### Lens Options
- ***Progressive (Standard no-line)** | $50 Co-pay
- ***Premium Progressive Options** | No Discount
- **Glass Lenses** | 15% Discount
- **Polycarbonate** | 25% Discount
- **High Index** | 25% Discount

### Coatings
- **Scratch Resistant Coating** | $10 Co-pay
- **Ultra Violet protection** | $10 Co-pay
- **Other Options**  
  - **A/R edge polish, tints, mirrors, etc.** | Up to 25% Discount

### Frames
- **Allowance Based on Retail Pricing** | $130 Allowance
- ****Additional Pairs of Glasses Throughout the Year | Up to 50% Off Retail

### Contacts
- **Contact benefits is in lieu of lens and frame benefit.** | $130 Allowance
- **Additional contact purchases:**  
  - *****Conventional****  
    - *****Disposables** | Retail

### Frequency
- **Lenses, Frames, Contacts** | Every 12 Months

### Refractive Surgery
- ******LASIK** | $250 Off Per Eye

### Monthly Rates
- **Employee** | $4.10
- **Two Party** | $7.90
- **Family** | $12.60

**Discounts:** Any item listed as a discount in the benefit outline above is a merchandise discount only and not an insured benefit. Providers may offer additional discounts.

* Co-pays for Progressive lenses may vary. This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.
**50% discount at Standard Optical locations Only. All other Network discounts vary from 20% - 35%
***Must purchase full year supply to receive discounts on select brands. See provider for details.
****LASIK (Refractive surgery) Standard Optical Locations ONLY.

LASIK services are not an insured benefit; this is a discount only. All pre & post operative care is provided by Standard Optical Only and is based on Standard Optical retail fees.

▲ Out of Network – Allowances are reimbursed at 75% when discounts are applied to merchandise. Promotional items or Online purchases not covered.