

VISION PLAN PROVISIONS

Schedule of Vision Plan Benefits

	NBN Network Provider	Non-Network Provider
Examination	Paid in full	\$ 35
Lenses (per pair)		
• Single Vision	Paid in full*	\$ 30
• Bifocal	Paid in full*	\$ 40
• Trifocal	Paid in full*	\$ 45
• Lenticular	Paid in full*	\$ 90
Frames	Paid in full**	\$ 30
Contact Lenses (subnormal)	Paid in full	\$200
Contact Lenses (elective)	\$150	\$ 90
In lieu of glasses (frame and lenses).		
Contact Lenses (elective) – Participants under age 19	Paid in full ****	\$ 90

* Paid in Full includes:

- Basic lenses
- Solid color coating and tinting (e.g. sun tints)
- Gradient tinting
- Mirror coating
- UV protection
- Polarized lenses or laminated lenses
- Photchromatic Light-sensitive glass lenses (light and dark shades, e.g. PhotoSun)
- Photchromatic Light-sensitive plastic lenses (such as Transitions); standard grades ***
- Progressive lenses (no-line bifocal); standard grades ***
- Polycarbonate lenses
- Special lens edge treatments (e.g. drilling, notching, grooving, beveling or polishing or coating edges)
- Anti-reflective coating
- Anti-reflective coating + scratch coating; standard grades ***
- Scratch coating; standard grades ***
- Oversize lenses
- Prism and double segments
- Slab off

** Limited to frames selection covered by the Trust Plan. Refer to page 26.

*** Plan pays for standard or basic styles. Patient pays any extra in cost of "Premium" progressives, photchromatic, scratch coating, or anti-reflective + scratch coat lens extras.

**** In-network benefit limit of \$150 per 365 days does not apply.