

**ATTACHMENT C: SCHEDULE OF BENEFITS**

**Group Name: Clarksville-Montgomery County**

**Group Number: 90045**

**Effective Date: January 1, 2021**

Members have the right to obtain vision care from the Provider of their choice. However, payment of benefits varies depending on the type of Provider chosen. Benefits are payable as shown in the following Schedule of Benefits:

<b>Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>Benefit Frequency</b>
<b>VISION EXAMINATION</b>			
<b>Comprehensive Eye Examination</b>	\$10 Copayment	up to \$35	Subscriber 12 months Dependent Spouse 12 months Dependent Children 12 months
Retinal Imaging and	Up to \$39	Up to \$0	
<b>Contact Lenses Fit And Follow-Up</b>			Subscriber 12 months Dependent Spouse 12 months Dependent Children 12 months
Standard	\$40 Copayment	up to \$0	
Premium	10% off retail price	up to \$0	
<b>VISION MATERIALS<sup>1</sup></b>			
<b>Standard Plastic Lenses</b>			Subscriber 12 months Dependent Spouse 12 months Dependent Children 12 months
Single Vision	\$20 Copayment	up to \$30	
Bifocal	\$20 Copayment	up to \$45	
Trifocal	\$20 Copayment	up to \$60	
<b>Frames<sup>2</sup></b>	\$0 Copayment up to \$150 Allowance	up to \$75	Subscriber 24 months Dependent Spouse 24 months Dependent Children 24 months
<b>Contacts In lieu of eyeglasses frames and lenses<sup>3</sup></b>			Subscriber 12 months Dependent Spouse 12 months Dependent Children 12 months
Conventional	\$0 Copayment up to \$150 Allowance	up to \$120	
Disposable	\$0 Copayment up to \$150 Allowance	up to \$120	
Medically Necessary	Paid in full	up to \$200	
<b>Lens Options</b>			Subscriber 12 months Dependent Spouse 12 months Dependent Children 12 months

Standard Polycarbonate	\$40 Copayment	up to \$0		
Standard Polycarbonate (For Covered Dependent children under 19 years of age.)	\$0 Copayment	up to \$5		
UV Treatment	\$15 Copayment	up to \$0		
Tint	\$15 Copayment	up to \$0		
Standard Plastic Scratch Coating	\$15 Copayment	up to \$0		
Standard Progressive Lenses (add on to Bifocal)	\$65 additional Copayment	up to \$0		
Premium Progressive Lenses (add on to Bifocal)	See Fixed Premium Progressive Tier Price List	up to \$0		
Standard Anti-Reflective Coating	\$45 Copayment	up to \$0		
Premium Anti-Reflective Coating	See Fixed Premium Anti-Reflective coating Tier Price List	up to \$0		
Photochromic Lenses	\$75 Copayment	Up to \$0		
Other lens options	20% off retail price	Up to \$0		
Premium Tiered Price List*				
Premium Progressives				
Tier 1 (add on to Bifocal)	\$85 Copayment	up to \$0		
Tier 2 (add on to Bifocal)	\$95 Copayment	up to \$0		
Tier 3 (add on to Bifocal)	\$110 Copayment	up to \$0		
Tier 4 (add on to Bifocal)	\$65 Copayment 20% off retail price up to \$120 Allowance	up to \$0		
Premium Anti-Reflective Coating				
Tier 1	\$57	up to \$0		
Tier 2	\$68	up to \$0		
Tier 3	20% off retail price	up to \$0		

<b>DIABETIC EYE CARE</b>			Care and testing for diabetic members
Exam	\$0 Copayment	up to \$77	Up to 2 Per 12 month Benefit period
Retinal Imaging	\$0 Copayment	up to \$50	Up to 2 Per 12 month Benefit period
Extended Ophthalmoscopy	\$0 Copayment	up to \$15	Up to 2 Per 12 month Benefit period
Gonioscopy	\$0 Copayment	up to \$15	Up to 2 Per 12 month Benefit period
Scanner Laser	\$0 Copayment	up to \$33	Up to 2 Per 12 month Benefit period

1. Additional complete pair eyeglasses purchases (frame, lens and lens options) receive 40% off retail price at Network Providers once benefit used.
2. Additional 20% off retail cost above allowance.
3. Additional 15% off balance over allowance on conventional Contact Lenses.

\*Fixed pricing is reflective of brands at the listed tier level. All providers are not required to carry all brands at all levels.