

**WELLNESS POINTE**  
**PLATINUM VISION SCHEDULE OF BENEFITS**  
**Effective: December 1, 2021**

Eligible Vision Expenses	WELLNESS POINTE (IN-NETWORK)	OUT-OF-NETWORK
Eye Exam Limited to one (1) examination per Covered Person per Twelve (12) Months	\$10 Co-pay, 100% Paid in Full	\$10 Co-pay, 100% Maximum Benefit \$30
Frames Limited to one (1) pair per Covered Person per twenty-four (24) months	\$25 Co-pay, 100% Maximum Benefit \$150	\$25 Co-pay, 100% Maximum Benefit \$70
Lenses for Glasses:	\$25 Co-pay, 100%	\$25 Co-pay, 100%
Single Vision (Pair)	Paid in Full	Maximum Benefit \$25
Bifocal (Pair)	Paid in Full	Maximum Benefit \$40
Trifocal (Pair)	Paid in Full	Maximum Benefit \$45
Lenticular	Paid in Full	Maximum Benefit \$80
Limited to one (1) pair of lenses per Covered Person per twelve (12) months.		
Contact Lenses Limited to one (1) prescription/ exam per Covered Person per twelve (12) months	\$25 Co-pay, 100% Maximum Benefit \$175	\$25 Co-pay, 100% Maximum Benefit \$150
Laser Vision Correction (In lieu of eyewear benefit)	Maximum Benefit \$200	
Any vision enhancements will receive a 50% discount off the retail price if purchased at Wellness Pointe, i.e., scratch resistant lenses.		
Contact Lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglasses.		