



Group: ML Spas (Plan #1635)
Plan: Opticare EMI 0-10-170C
Underwritten by / Administered by: Opticare of Utah / Educators Health Plans Life, Accident & Health
Effective Date: 1/1/2022
Plan Type: Contributory

	Opticare EMI 0-10-170C		
	Select Network	Broad Network	Out of-Network
Network	Opticare		
WellVision Exam	100% Covered	\$10 Co-pay	\$45 Allowance
Lenses (Glass or Plastic)			
Single Vision	100% Covered	\$10 Co-pay	\$85 Allowance for lenses, options, and coatings
Lined Bifocal	100% Covered	\$10 Co-pay	\$85 Allowance for lenses, options, and coatings
Lined Trifocal	100% Covered	\$10 Co-pay	\$85 Allowance for lenses, options, and coatings
Lenticular	\$10 Co-pay	Up to \$100	N/A
Lens Options			
Progressive (Standard no-line)	\$10 Co-pay	\$50 Co-pay	N/A
Premium Progressive Options	\$80 Co-pay	\$100 Co-pay	
Custom Progressive Options	\$80 Co-pay	\$100 Co-pay	
Plastic Gradient Dye	\$10 Co-pay	\$15 Co-pay	
Solid Plastic Dye	\$10 Co-pay	\$15 Co-pay	
Photochromic Lenses	\$20 Co-pay	N/A	
Polycarbonate for Adults	\$20 Co-pay	\$40 Co-pay	
Polycarbonate for Children (under 18)	\$20 Co-pay	\$40 Co-pay	
Coatings			
Scratch Resistant Coating	100% Covered	\$10 Co-pay	N/A
Anti-Reflective Coating	\$40 Co-pay	\$60 Co-pay	
UV Protection	100% Covered	\$10 Co-pay	
Additional lens enhancements	Up to 25% Discount	Up to 25% Discount	
Frames			
Allowance Based on Retail Pricing	\$170 Allowance	\$160 Allowance	\$105 Allowance
Additional Pairs of Glasses**	Up to 50% Off Retail	Up to 25% Off Retail	N/A
Elective Contact Lenses In Lieu of Frame & Lenses			
Contact benefits is in lieu of lens and frame benefit.	\$170 Allowance	\$160 Allowance	\$125 Allowance
Frequency			
Exam, Lenses, Frame or Contacts	Every 12 Months		
Refractive Surgery			
LASIK***	20% Off Retail	Not Covered	Not Covered

Notes
 This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.