

<b>Vision for Adults</b> (The services below do not apply toward the out-of-pocket maximum.)	
• Deductible	\$10 for exam \$25 for frames/lenses combined \$25 for contacts
• Exam	0% coinsurance after deductible once every 12 months up to \$60
• Frames	0% coinsurance after deductible once every 24 months up to \$70
• Basic Lenses <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> </ul>	0% coinsurance after deductible once every 12 months up to \$50 per pair \$70 per pair \$90 per pair \$135 per pair
• Contacts (instead of lenses and frames)	0% coinsurance after deductible once every 12 months up to \$105/pair
• Medically Necessary Contacts and Glasses	0% coinsurance after deductible once every 12 months

<b>Pediatric Vision Services</b> (members under age 19)	<b>Hall Health Providers</b>	<b>In-Network Providers</b>	<b>Out-of-Network Providers</b>
• Routine exams limited to one per plan year	Not available	10% coinsurance, deductible waived	25% coinsurance, deductible waived
• One pair glasses per plan year, frames and lenses	Not available	0% coinsurance, deductible waived	0% coinsurance, deductible waived
• One pair of contacts per plan year in lieu of glasses, or a year supply of disposable contacts.	Not available	0% coinsurance, deductible waived	0% coinsurance, deductible waived

You may receive vision services from any licensed vision care provider. Providers that are contracted with LifeWise may apply a discount to their billed charges. You can locate an in-network vision provider through the LifeWise website at <https://student.lifewiseac.com/uw/gaip/find-a-doctor.aspx>.

Out-of-pocket expenses for adult vision do not apply to the medical out-of-pocket maximum. Any out-of-pocket expenses for Pediatric Vision do apply to the medical out-of-pocket maximum. Sales tax, shipping and handling costs apply to the limits shown above. The plan does not cover facility fees (if any) charged by some providers (such as hospitals).

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please see the [benefit booklet](#) or contact LifeWise Customer Service.