

# LSU Vision Plan

## OUT OF NETWORK

### Benefits Comparison

Benefits		LSU Vision Plan Regular Plan Member	LSU Vision Plan <b>LSU First Member</b>
		DAVIS VISION	DAVIS VISION
		<b>Out of Network</b>	<b>Out of Network</b>
<b>Eye Exams</b>		Reimbursed up to \$35	Reimbursed up to \$35
Exam Frequency		Once Every 12 Months	Once Every 12 Months
<b>Materials (Lens and/or Frames)</b>			
Lens Frequency		Once Every 12 Months	Once Every 12 Months
Single		Reimbursed up to \$25	Reimbursed up to \$25
Bifocal		Reimbursed up to \$40	Reimbursed up to \$40
Trifocal		Reimbursed up to \$50	Reimbursed up to \$50
Lenticular Lens		Reimbursed up to \$50	Reimbursed up to \$50
<b>Other Lens Options</b>			
	Average Retail Cost	Limited to Reimbursement Amount	Limited to Reimbursement Amount
All Ranges of Prescriptions and Sizes	\$80		
Choice of Glass or Plastic Lenses	\$35		
Oversized Lenses	\$20		
Tinted Lens	\$20		
Scratch Coating	\$40		
Standard Progressive Lens	\$180	Reimbursed up to \$50	
Premium Progressive Lens	\$225	Reimbursed up to \$50	
Photochromatic Glass Lenses	\$45		
Polycarbonate for Children	\$65		
Polycarbonate for Adults	\$65		
UV Coating	\$30		
Plastic Photosensitive Lenses	\$120		
Standard Anti-Reflective Coating	\$60		
Premium AR Coating	\$75		
Ultra AR Coating	\$120		
Intermediate Vision Lens	\$150		
Blended invisible Lens	\$45		
Hi-Index (Thinner and Lighter) lens	\$125		
Polarized Lens	\$110		
Scratch Protection Plan	\$75		
<b>Frames</b>		Reimbursed up to \$50	Reimbursed up to \$50
Frame Frequency		Once Every 12 Months	Once Every 12 Months
<b>Contact Lenses</b>			
Contact Lens Frequency		Once Every 12 Months	Once Every 12 Months
Contacts		Reimbursed up to \$130	Reimbursed up to \$130
Medically Necessary		Reimbursed up to \$210	Reimbursed up to \$210