



**Insured Vision Financial Exhibit
GRINNELL COLLEGE - STUDENT PLAN**

Preferred \$25 Copay Access Network		
BENEFIT FREQUENCY		
Contact Lenses or Lens	Once within a 12 month period defined by last date of service.	
Exam	Once within a 12 month period defined by last date of service.	
Frame	Once within a 24 month period defined by last date of service.	
Vision Care Services	In-Network Member Cost	Out of Network
EXAM		
Exam	\$10 Copay	Up to \$35
Dilation	\$0	N/A
Eye Exam Refraction	\$0	N/A
LENS		
Single Vision	\$25 Copay	Up to \$25
Bi-focal	\$25 Copay	Up to \$40
Tri-focal	\$25 Copay	Up to \$55
Standard Progressive Lens	\$90	Up to \$40
Premium Progressive Lens	80% of Charge less \$120, plus \$90 Copay	Up to \$40
- Tier 1	N/A	N/A
- Tier 2	N/A	N/A
- Tier 3	N/A	N/A
- Tier 4	N/A	N/A
Lenticular	\$25 Copay	Up to \$55
Other Lens Type	80% of Charge	N/A
FRAME		
Frame	80% of Balance over \$130	Up to \$65
LENS OPTIONS:		
Standard Polycarbonate	\$40	N/A
Standard Plastic Scratch Coating	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
UV Treatment	\$15	N/A
Standard Anti-reflective Coating	\$45	N/A
Premium Anti-reflective (a/r) Coating	N/A	N/A
- Tier 1	N/A	N/A
- Tier 2	N/A	N/A
- Tier 3	N/A	N/A
Photochromatic/Transitions	N/A	N/A
Other Lens Options	80% of Charge	N/A
CONTACT LENSES		
Conventional Lens - Conventional	85% of Balance over \$130	Up to \$104
Contact Lens - Disposable	Balance over \$130	Up to \$104
Standard Fit And Follow Up Exam	\$0	Up to \$40
Premium Fit And Follow Up Exam	\$0 Copay, 10% off retail price then apply \$55 allowance	Up to \$40
Medically Necessary	\$0	Up to \$200
NON-SCHEDULED ITEMS		
Doctor Misc. Materials	80% of Charge	N/A
LASIK or PRK Vision Correction		
	85% of Retail Price or 95% of Promotional Price	N/A