

Lafourche Parish Government (LA)
Group Effective Date: January 1, 2011
Group Renewal Date: January 1, 2013
Group Number: 2LFPG111
AlwaysVisionSM: V171

Vision Benefit Summary (Standard Plan)

Vision Care Services	Participating Providers	Out-of-Network Allowance
Exam (once every 12 months)	\$10 Co-pay	Up to \$35
Materials	\$10 Co-pay	See below
Standard Plastic Lenses: (Once every 12 months) Single Vision Bifocal Trifocal Lenticular Progressive Lens Options: Scratch resistant coating Polycarbonate Lenses for children	Covered by Co-pay Covered by Co-pay Covered by Co-pay \$80 allowance \$70 allowance N/A N/A	Up to \$25 Up to \$40 Up to \$50 Up to \$50 Up to \$40 N/A N/A
Frames: (Once every 24 months) Members choose from any frame available at provider locations.	\$120 retail frame (\$94 retail frame at Wal-Mart, Sam's Club & Costco**)	Up to \$50 retail
Contact Lenses*: (once every 12 months) (Includes fit and materials) Elective Medically Necessary	Up to \$120 retail Up to \$210 retail	Up to \$100 retail Up to \$210 retail
Laser Vision Correction:	AlwaysCare offers nationwide access to discounts on LASIK surgery through a partnership with TLC Vision and other independent providers. Discounts are available with participating providers. This is not an insured benefit. Visit our web site to find the specialist closest to you.	
* In lieu of Eyeglass lenses and Frames. Allowances include the contact lens fitting fee. ** Special payment and reimbursement terms apply for material purchases at Costco.		