Summary of Benefits: Select Vision

	Lenses	Frames	Total Allowance
SINGLE	$52.00	$50.00	$102.00
BIFOCAL	$82.00	$50.00	$132.00
TRIFOCAL	$101.00	$50.00	$151.00
CATARACT (APHAKIC)	$181.00	$50.00	$231.00
CONTACT LENSES (PER PAIR)	Medically Indicated*		$352.00
	Cosmetic – Single Vision Lenses		$97.00
BENEFIT PERIOD FOR FRAMES AND LENSES	Benefits for frames, lenses, and contact lenses are available once every 12 months		
EYE EXAM	100% of Allowed Benefit (any additional charge for contact lenses exam not covered) Benefit for eye exam - once every 12 months		

* Following cataract surgery or when visual acuity is correctable to at least 20/70 in the better eye only by use of contact lenses.

Summary of Benefits: Regional Traditional Dental

BENEFIT PERIOD DEDUCTIBLES: CLASS II-IV Individual Deductible Family Deductible	 $25 $75
REIMBURSEMENT LEVELS Class I – Preventative & Diagnostic Services	 100% Allowed Benefit (AB), no deductible
Class II – Basic Services Periodontal Services	100% AB after deductible 80% AB after deductible
Class III – Major Surgical Services	80% AB after deductible
Class IV – Major Restorative Services	50% AB after deductible
Class V – Orthodontic Services	50% AB, no deductible
BENEFIT PERIOD MAXIMUM: CLASS I-IV LIFETIME MAXIMUM: CLASS V	$1,500 $1,500
BENEFIT PERIOD	July 1st -June 30th

From the CareFirst BlueCross BlueShield family of health care plans.

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