



City of Spearfish — Benefit Summary

1/1/2023 - 12/31/2023

Members receive the best value using In-Network providers; however, we do offer an Out-of-Network reimbursement that can be redeemed in lieu of the In-Network benefit. To use an Out-of-Network provider, the Member must pay the clinic in full for the services and materials, then fill out an Out-of-Network claim form (found on Optilegra's website) and submit it, along with a copy of the receipt, to Optilegra's office. Optilegra will then send payment to the Member according to the "Out-of-Network Reimbursement" column below.

Benefit frequency is based on the Member's Date of Service. Benefits renew one or two years from the time they are used.

There is no benefit for any services or materials not listed here.

Member Eligibility and provider network are always available on Optilegra's website: optilegra.com

Exam Only (Voluntary)

| Benefit Item | Benefit Frequency | In-Network Visit | Out-of-Network Reimbursement |
|---|---|------------------|------------------------------|
| Comprehensive Eye Exam | 1 exam every 12 months | \$15 copay | \$40 |
| Contacts ¹ | No benefit (Member responsibility) | | |
| Frame | No benefit (Member responsibility) | | |
| Lenses | No benefit (Member responsibility) | | |
| Eyeglass lens enhancements not listed (e.g., scratch coating, etc.) | No benefit (Member responsibility) | | |
| Refractive Surgery ² | \$250-per-eye discount on the surgery with Optilegra's surgeons and \$50-per-eye discount on post-op care with any Optilegra provider | | |

¹ Contacts may be chosen in lieu of glasses, and there is no copay for contacts

² Procedures include LASIK, LASEK, Conductive Keratoplasty, Phakic Implants, Photokeratectomy, and Refractive Lens Exchange. There is no discount for medical procedures, including cataract surgery. Cannot be combined with any other promotional offers or advertising specials.

| | |
|--------------------|-----------------|
| Primary (Only) | \$3.99 / month |
| Primary + 1 | \$7.16 / month |
| Primary + Children | \$8.25 / month |
| Whole Family | \$14.02 / month |



Silver 130 (Voluntary)

| Benefit Item | Benefit Frequency | In-Network Visit | Out-of-Network Reimbursement |
|---|---|------------------|---|
| Comprehensive Eye Exam | 1 exam every 12 months | \$15 copay | \$40 |
| Contacts ¹ | 1 allowance every 12 months | \$130 allowance | \$80 |
| Frame | 1 frame every 24 months | \$130 allowance | \$35 |
| Lenses | 1 pair of prescription Single Vision lenses, Lined Bifocals, or Lined Trifocals (made from standard CR-39 plastic) every 12 months | \$15 copay | Single Vision \$30 Bifocals \$45 Trifocals \$55 Progressive \$60 |
| Eyeglass lens enhancements not listed (e.g., scratch coating, etc.) | No benefit (Member responsibility) | | |
| Refractive Surgery ² | \$250-per-eye discount on the surgery with Optilegra's surgeons and \$50-per-eye discount on post-op care with any Optilegra provider | | |

¹ Contacts may be chosen in lieu of glasses, and there is no copay for contacts

² Procedures include LASIK, LASEK, Conductive Keratoplasty, Phakic Implants, Photokeratectomy, and Refractive Lens Exchange. There is no discount for medical procedures, including cataract surgery. Cannot be combined with any other promotional offers or advertising specials.

| | |
|--------------------|-----------------|
| Primary (Only) | \$11.42 / month |
| Primary + 1 | \$20.45 / month |
| Primary + Children | \$23.62 / month |
| Whole Family | \$40.14 / month |

Gold 130 (Voluntary)

| Benefit Item | Benefit Frequency | In-Network Visit | Out-of-Network Reimbursement |
|---|---|------------------|---|
| Comprehensive Eye Exam | 1 exam every 12 months | \$15 copay | \$40 |
| Contacts ¹ | 1 allowance every 12 months | \$130 allowance | \$80 |
| Frame | 1 frame every 12 months | \$130 allowance | \$35 |
| Lenses | 1 pair of prescription Single Vision lenses, Lined Bifocals, or Lined Trifocals (made from standard CR-39 plastic) every 12 months | \$15 copay | Single Vision \$30 Bifocals \$45 Trifocals \$55 Progressive \$60 |
| Eyeglass lens enhancements not listed (e.g., scratch coating, etc.) | No benefit (Member responsibility) | | |
| Refractive Surgery ² | \$250-per-eye discount on the surgery with Optilegra's surgeons and \$50-per-eye discount on post-op care with any Optilegra provider | | |

¹ Contacts may be chosen in lieu of glasses, and there is no copay for contacts

² Procedures include LASIK, LASEK, Conductive Keratoplasty, Phakic Implants, Photokeratectomy, and Refractive Lens Exchange. There is no discount for medical procedures, including cataract surgery. Cannot be combined with any other promotional offers or advertising specials.

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|--------------------|-----------------|
| Primary (Only) | \$16.81 / month |
| Primary + 1 | \$30.12 / month |
| Primary + Children | \$34.76 / month |
| Whole Family | \$59.11 / month |



Platinum 130 (Voluntary)

| Benefit Item | Benefit Frequency | In-Network Visit | Out-of-Network Reimbursement |
|---|--|--|--|
| Comprehensive Eye Exam | 1 exam every 12 months | \$15 copay | \$40 |
| Contacts ¹ | 1 allowance every 12 months | \$130 allowance | \$80 |
| Frame | 1 frame every 12 months | \$130 allowance | \$35 |
| Lenses | 1 pair of prescription Single Vision lenses, Lined Bifocals, or Lined Trifocals (made from standard CR-39 plastic) every 12 months OR First \$180 covered on Progressive lenses every 12 months | Patient Pays: \$15 copay AND For Progressive lenses, retail cost above \$180 | Single Vision \$30 Bifocals \$45 Trifocals \$55 Progressive \$144 |
| Eyeglass lens enhancements not listed (e.g., scratch coating, etc.) | No benefit (Member responsibility) | | |
| Refractive Surgery ² | \$250-per-eye discount on the surgery with Optilegra's surgeons and \$50-per-eye discount on post-op care with any Optilegra provider | | |

¹ Contacts may be chosen in lieu of glasses, and there is no copay for contacts

² Procedures include LASIK, LASEK, Conductive Keratoplasty, Phakic Implants, Photokeratectomy, and Refractive Lens Exchange. There is no discount for medical procedures, including cataract surgery. Cannot be combined with any other promotional offers or advertising specials.

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|--------------------|-----------------|
| Primary (Only) | \$21.24 / month |
| Primary + 1 | \$38.08 / month |
| Primary + Children | \$43.94 / month |
| Whole Family | \$74.71 / month |

Gold Materials Only 130 (Voluntary)

| Benefit Item | Benefit Frequency | In-Network Visit | Out-of-Network Reimbursement |
|---|---|------------------|---|
| Comprehensive Eye Exam | No benefit (Member responsibility) | | |
| Contacts ¹ | 1 allowance every 12 months | \$130 allowance | \$80 |
| Frame | 1 frame every 12 months | \$130 allowance | \$35 |
| Lenses | 1 pair of prescription Single Vision lenses, Lined Bifocals, or Lined Trifocals (made from standard CR-39 plastic) every 12 months | \$15 copay | Single Vision \$30 Bifocals \$45 Trifocals \$55 Progressive \$60 |
| Eyeglass lens enhancements not listed (e.g., scratch coating, etc.) | No benefit (Member responsibility) | | |
| Refractive Surgery ² | \$250-per-eye discount on the surgery with Optilegra's surgeons and \$50-per-eye discount on post-op care with any Optilegra provider | | |

¹ Contacts may be chosen in lieu of glasses, and there is no copay for contacts

² Procedures include LASIK, LASEK, Conductive Keratoplasty, Phakic Implants, Photokeratectomy, and Refractive Lens Exchange. There is no discount for medical procedures, including cataract surgery. Cannot be combined with any other promotional offers or advertising specials.

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|--------------------|-----------------|
| Primary (Only) | \$11.69 / month |
| Primary + 1 | \$20.95 / month |
| Primary + Children | \$24.18 / month |
| Whole Family | \$41.12 / month |



Sunwear Materials Only 130 (Voluntary)

| Benefit Item | Benefit Frequency | In-Network Visit | Out-of-Network Reimbursement |
|---|---|------------------|---|
| Comprehensive Eye Exam | No benefit (Member responsibility) | | |
| Contacts ¹ | 1 allowance every 12 months | \$130 allowance | \$80 |
| Frame | 1 frame every 12 months | \$130 allowance | \$35 |
| Lenses | 1 pair of prescription Single Vision lenses, Lined Bifocals, or Lined Trifocals (made from standard CR-39 plastic) every 12 months | \$15 copay | Single Vision \$30 Bifocals \$45 Trifocals \$55 Progressive \$60 |
| Tint | 1 standard tint every 12 months | \$0 copay | \$5 |
| Eyeglass lens enhancements not listed (e.g., scratch coating, etc.) | No benefit (Member responsibility) | | |
| Refractive Surgery ² | \$250-per-eye discount on the surgery with Optilegra's surgeons and \$50-per-eye discount on post-op care with any Optilegra provider | | |

¹ Contacts may be chosen in lieu of glasses, and there is no copay for contacts

² Procedures include LASIK, LASEK, Conductive Keratoplasty, Phakic Implants, Photokeratectomy, and Refractive Lens Exchange. There is no discount for medical procedures, including cataract surgery. Cannot be combined with any other promotional offers or advertising specials.

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|--------------------|-----------------|
| Primary (Only) | \$13.41 / month |
| Primary + 1 | \$24.06 / month |
| Primary + Children | \$27.75 / month |
| Whole Family | \$47.19 / month |