



Routine Vision

\$25 exam

Routine Vision Benefit Summary

Vision services	In-network	Out-of-network
Routine eye exam (includes refraction)	• \$25 copayment; up to 1 per year	• \$25 copayment; up to 1 per year • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions

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