

Benefit	In-Network	Out-of-Network
<b>Exam</b> (every 12 months)	\$10 copay	Up to \$40
<b>Prescription Lenses and Frames</b> *lenses every 12 months *frames every 24 months	\$20 copay \$0 copay - any frame up to \$50 wholesale	*Varies by lens type (\$40 - \$80) *Reimbursed Up to \$45
<b>Prescription Contact Lenses</b> *once every 12 months	Elective: \$0 copay up to \$130 Non-elective: \$0 copay	Up to \$130 Up to \$250
<b>LASIK Surgery</b>	\$150 Lifetime Benefit + 25% Discount	

2017 Vision Plan Monthly Rates	
Coverage Level	Monthly Premium
Employee Only	\$0
Couple	\$3.96
EE+Child(ren)	\$4.66
Family	\$8.26

The 2017 WKU Vision Contribution is \$5 per employee per month.