

**Old Dominion University Research Foundation**  
**2007-2008 Vision Benefits**

<b>Benefit</b>	<b>Benefit Frequency</b>	<b>In-Network Benefit</b>	<b>Out of Network Reimbursement</b>
Eye Examination	Once every 12 months	Covered in full after \$20 exam copay	Up to \$35.00
<b>Eyeglasses</b>			
Single Vision Lenses	Once every 12 months	Covered in full after \$20 materials copay	Up to \$25.00
Bifocal Lenses	Once every 12 months	Covered in full after \$20 materials copay	Up to \$40.00
Trifocal Lenses	Once every 12 months	Covered in full after \$20 materials copay	Up to \$55.00
Lenticular Lenses	Once every 12 months	Covered in full after \$20 materials copay	Up to \$80.00
Frame	<b>Once every 24 months</b>	Covered up to \$120 allowance (\$46 wholesale) after \$20 materials copay	Up to \$45.00
* Contact lenses are covered in lieu of frames and lenses			
Contact Lenses - Elective	Once every 12 months	Covered up to \$120 after \$20 materials copay	Up to \$105.00
Contact Lenses - Necessary	Once every 12 months	Covered in full after \$20 materials copay	Up to \$210.00

\* This is only a summary of benefits, please refer to the policy for full plan details