



WEBT Vision Plan

Administered by: Blue Cross Blue Shield of Wyoming

Comprehensive Contact Lens Allowance	Once every 24 months
Exam Frequency	Once every 12 months
Material Frequency	Once every 24 months

FEE SCHEDULE ALLOWANCE

Exam	\$ 80.00
Single Lens	\$ 60.00
Bifocal Lens	\$ 85.00
Trifocal Lens	\$ 105.00
Progressive Lens	\$ 105.00
Lenticular Lens	\$ 200.00
Contact Lenses	\$ 140.00
Frame	\$ 80.00

This summary of benefits is a matter of information only. In all cases the plan document will determine the benefits.