

CONTACT LENS FORMULARY

<u>Type</u>	<u>Lens</u>	<u>Manufacturer</u>
D	B&L 2-Week (A.K.A. Soflens 59)	Bausch & Lomb®
D	Optima FW 6 Pk	Bausch & Lomb®
DW	D2 LT	CIBA Vision®
DW	D3 LT	CIBA Vision®
D	Focus Dailies - 30 Pk	CIBA Vision®
D	Freshlook LT	CIBA Vision®
D	Precision UV	CIBA Vision®
DW	Standard Visitint	CIBA Vision®
DW	Visitint	CIBA Vision®
DW	CSI	CIBA Vision®
PR	Focus Monthly	CIBA Vision®
D	Focus 1-2 week	CIBA Vision®
DW	Cooper Clear	Cooper Vision®
PR	Frequency 38	Cooper Vision®
PR	Frequency 55	Cooper Vision®
D	Acuvue	Johnson & Johnson
D	Acuvue 2	Johnson & Johnson
D	Acuvue Advance	Johnson & Johnson
D	1-Day Acuvue	Johnson & Johnson
D	Biomedics 38	Ocular Sciences
D	Biomedics 55	Ocular Sciences
DW	Z4 Sofblue	Ocular Sciences
DW	Z6 Sofblue	Ocular Sciences
DW	Silver 07	Ocular Sciences

The above list may be updated from time to time without prior notice. Please check your plan materials (provider outline and service record form) for specific benefit and copayment information (as certain contact lenses may be available with a copayment and that copayment may vary by lens type based on plan design) and for the dispensing amount.

KEY: D - Disposable DW - Daily Wear PR - Planned Replacement