

Description of Benefits and Copayments

| MEMBER SERVICES | MEMBER PAYS |
|---|------------------|
| Preventive Eye Care Analysis | NO CHARGE |
| Cataract Analysis | NO CHARGE |
| Glaucoma Test (IOP Measurement) | NO CHARGE |
| Frame Repairs-screw, nose pad replacement | NO CHARGE |
| Frame Adjustments | NO CHARGE |
| Tint #1, (solid color) plastic lenses | NO CHARGE |
| Computerized Vision Analysis | NO CHARGE |
| (Where Available) | |
| Frames | 25% Off UCR |
| Refraction (See Note #1) | \$36.00 |
| (Determines Glasses Prescriptions) | |

| LENSES (CR-39) (See Note #2&3) | |
|--|-------------|
| Single Vision Lenses | \$42.00 |
| Bifocal Lenses (Rnd. 22 - FT 25-28) | \$55.00 |
| Trifocal Lenses (FT 7x25) | \$79.00 |
| Progressive (Generic)(i.e.-sola, v.i.p.,image) | \$139.00 |
| Progressive (Premium) | 20% Off UCR |
| Lenticular Lenses (S.V.) | \$180.00 |
| Lenticular Lenses (B.F.) | \$240.00 |

| LENS EXTRAS: (Add to lens cost) | |
|---|--------------------|
| Oversize (over 58mm E.D.) | \$15.00 |
| Fashion Tints (each color, CR-39) | |
| Single gradient | \$15.00 |
| Double gradient | \$25.00 |
| Photoxtra (S/V) | 20% Off UCR |
| Photoxtra (B/F) | 20% Off UCR |
| Photoxtra (Progressive) | 20% Off UCR |
| Photochromic (i.e. transitions, sun sensor, etc.) | 20% Off UCR |
| Scratchcote (Plastic lenses) | \$20.00 |
| Polycarbonate | \$39.00 |
| Thin Lenses (other than polycarbonate) | 20% Off UCR |
| UV Coating | \$10.00 |
| Rimless (Edge Groove or Drill Mount) | 20% Off UCR |
| Prism | \$4.00 per Diopter |

NOTE #1:
Refraction determines the need for prescription. The \$36.00 co-payment must be paid directly to the doctor at the time of service. These benefits are part of and used in conjunction with your HMO package.

NOTE #2: (eye glasses or contact lenses)
Cost of lenses may have an additional charge when power of lenses exceeds ± 6.00 D SPH or when combined with ± 2.00 D CYL.

NOTE #5:
Contact lens powers over ± 6.25 D SPH and/or ± 2.0 D CYL (combined) are considered custom, and will be charged extra. Medically necessary contact lenses may be considered custom; however, require prior authorization.

| MEMBER SERVICES | MEMBER PAYS |
|--|----------------------------|
| CONTACT LENSES (See Note #4) | |
| Contact Lens Evaluation & Fitting | 25% Off UCR |
| Contact Lens Service Agreement | Normal Retail Price |
| Contact Lens Care Kits | Normal Retail Price |
| Additional C.L. Visits (each) | \$10.00 |
| Hard Lenses (PMMA) | \$85.00 |
| R.G.P. (Sphere) | \$145.00 |
| Soft (Daily): | |
| Bausch & Lomb (or similar) | \$90.00 |
| Cooper (or similar) | \$99.00 |
| Soft (Extended Wear): | |
| Bausch & Lomb (or similar) | \$90.00 |
| Ciba (or similar) | \$99.00 |
| Toric Contact Lenses: | |
| Soft....Hard....R.G.P. | 20% Off UCR |
| Soft Custom Colors for Cosmetic | |
| Eye Color Changes | 20% Off UCR |
| Disposable (1st 3 months supply only) | 10% Off UCR |
| Custom Contact Lenses (See Note #5) | 20% Off UCR |
| (Orthokeratology, CRT) | Not Covered |
| Multifocal Contact Lenses | 10% Off UCR |
| (Soft Disposable 1st 3 months supply only) | |

ALL LENS PRICES ARE PER PAIR

ANY PROCEDURE OR LENS NOT LISTED AND PROVIDED BY THE SELECTED OPTOMETRIST IS AVAILABLE ON A FEE-FOR-SERVICE BASIS.



**VISION PLAN
of
AMERICA**

NOTE #3:
Any multifocal add of +3.25 or more may be charged an added laboratory fee per pair. SEGS larger than 28mm may be charged an added laboratory fee per pair. Glass lenses may have an additional charge.

NOTE #4:
When purchasing contact lenses you may require a contact lens evaluation in addition to a refraction.