

Vision / Optometry Rates

Type – Frames/Lens/Contacts	Rates
Annual comprehensive eye exam for Glasses	\$45
Lens (Standard)	
Single Vision	\$35
Bi-Focal	\$50
Tri-Focal	\$85
Standard Progressive	\$85
Premium Progressive	60% of Charges
Frame	
	50% of Charges up to \$100
	60% of Charges over \$100.01
Lens Options	
Standard Polycarbonate	\$35
Standard Plastic Scratch Coating	No Charge
Tint	\$10
UV Treatment	\$10
Standard Anti-Reflective Coating	\$59.50
Coatings	60% of Charges
Oversized Lenses-Single Vision	60% of Charges
Oversized Lenses- Multi-Focal	60% of Charges
Prism	60% of Charges
Contact Lenses	
Contact Lens- Conventional	80% of Charges
Contact Lens-Disposable	90% of Charges
Non-Scheduled Items	
Non-Scheduled Items Retail	80% of Charges
All above charges are half price for children ages 12 and younger	

Benefits are not provided for services or materials arising from: Orthoptic or vision training, subnormal vision aids, or any associated supplemental testing. Aniseikonic lenses. Medical and/or surgical treatment of the eyes. Corrective eyewear required by an employer as a condition of employment. Services provided as a result of a Worker's Compensation law. Plan non-prescription lenses and non-prescription sunglasses. Two pairs of glasses in lieu of bifocals (does not apply to Primary Plan members). Services or materials provided by any other group.

Type – Optometry	Rates
Annual comprehensive eye exam for Glasses	\$45
Digital Photography	\$15
Dilation	\$15
Contact Lens Exam (previous wearer)	\$61
Toric or Monovision	\$91
Bifocal or RGP	\$121
Contact Lens (New Wearer)	\$81
Toric or Monovision	\$121
Bifocal or RGP	\$141

Follow-Up (CLR-X-RX Check)		
0-60 days	No Charge within 60 days of exam	
2-4 months after examination	\$10	
4-6 months after examination	\$45	
Contacts Lens Fitting Fee (Previous Wearer)	\$36	Outside Spectacle RX's and 90 days after examination
Toric or Monovision	\$66	
Bifocal or RGP	\$96	
Contact Lens Fitting Fee (New Wearer)	\$56	Outside Spectacle RX's and 90 days after examination
Toric or Monovision	\$86	
Bifocal or RGP	\$116	
Keratococcus Fits and Post Lasik Fits	\$290	
CL Insertion and Removal Training	\$20	
Office Visit (Brief)	\$19	
Office Visit (Intermediate)	\$39	
Office Visit (Extended)	\$89	
Cyclopegic	\$29	