

TripleChoicePlan

Exclusively Designed For AmeriChoice



VISION PLAN OF AMERICA

M-Plus - Description of Benefits / Co-payment (Unlimited Usage)

<u>Member Services</u>	<u>Members Pays</u>	<u>Member Services</u>	<u>Member Pays</u>
Preventive Eye Care Analysis	No Charge	Contact Lenses (see Note #4)	
Cataract Analysis	No Charge	Contact Lens Evaluation & Fitting	25% Off UCR
Glaucoma Test (IOP Measurement)	No Charge	Contact Lens Service Agreement	Normal Retail Price
Frame Repairs - screw, nose pad replacement	No Charge	Contact Lens Care Kits	Normal Retail Price
Frame Adjustments	No Charge	Additional C.L. Visits (each)	\$10
Tint #1, (solid color) plastic lenses	No Charge	Hard Lenses (PMMA)	\$85
Computerized vision analysis	No Charge	R.G.P. (Sphere)	\$145
(Where available)		Soft (Daily):	
Frames	25% Off UCR	Bausch & Lomb (or similar)	\$90
Refraction* (see Note # 1)	\$36	Cooper (or similar)	\$99
(Determines Glasses Prescription)			
Lenses (CR-39)	(See Note #2 & #3)	Soft (Extended Wear):	
Single Vision Lenses	\$42	Bausch & Lomb (or similar)	\$90
Bifocal Lenses	\$55	Ciba (or similar)	\$99
(Rnd. 22 – FT 22-28)		Toric Contact Lenses:	
Trifocal Lenses	\$79	Soft...Hard...R.G.P.	20% off UCR
(FT 7X22)		Soft Custom Colors for Cosmetic	
Progressive (Generic)	\$139	Eye Color Changes	20% off UCR
Progressive (Premium)	20% Off UCR	Disposable (1 st 3 months supply only)	20% off UCR
Lenticular Lenses (S.V.)	\$180	Custom Contact Lenses (see note #5)	20% off UCR
Lenticular Lenses (B.F.)	\$240	(Orthokeratology, CRT)	Not Covered
Lens Extras: (Add to lens cost)		Multifocal Contact Lenses	10% off UCR
Oversize (over 58mm E.D.)	\$15	(Soft Disposable 1 st 3 months supply only)	
Fashion Tints (each color, CR-39)			
Single gradient	\$15		
Double gradient	\$25		
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		
Polycarbonate	\$39		
Thin Lens (other than polycarbonate)	20% Off UCR		
UV Coating	\$10		
Rimless (Edge Groove or Drill Mount)	20% Off UCR		
Prism	\$4.00 per Diopter		

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 Examination

Note # 1- Refraction determines the need for prescription. The \$36 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- 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 # 3- Any multifocal add of +3.25 or more may be charged a laboratory 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.

Note # 5- Contact lens powers over ± 6.25 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.

LASIK VISION - VPA is now providing members ACCESS TO a Laser Vision Correction preferred pricing program included at no additional cost! Savings from 40-55% off the national average charge. Experienced Board Certified Ophthalmologists. Flexible financing available.