



Description of Benefits/Copayments

<u>Member Services</u>	<u>Member Pays</u>
Preventive Eye Care Analysis ...	No Charge
Cataract Analysis	No Charge
Glaucoma Test	No Charge
Frame Repairs	No Charge
Frame Adjustments	No Charge
Tint #1, any color (plastic)	No Charge
Computerized Vision Analysis . (Where Available)	No Charge
Frames	-25% Off Normal Retail Price
Refraction* (See Note #1)	\$25
Determines Eyeglass Prescription	
Lenses (Plastic) (See Note #2 & #3)	
Single Vision Lenses	\$ 36
Bifocal Lenses	\$ 49
(Rnd. 22 – FT 22-28)	
Trifocal Lenses	\$ 79
(FT7X22)	
Progressive (Generic).....	\$138
Progressive (Premium)	- 20% UCR
Lenticular Lenses.....	\$160/S.V.
Lenticular Lenses	\$210/B.F
Lens Extras:	
Oversize (over 58mm E.D.).....	\$ 12
Fashion Tints (ea. color, plastic)	\$ 10
Photoxtra (S/V).....	\$ 20
Photoxtra (B/F)	\$ 30
Photoxtra (Progressive)	\$ 50
Transitions	- 20% UCR
Scratchcote (Plastic)	\$ 20
Thin Lens (for high Rx)	\$ 35
(Polycarbonate)	
UV Coating	\$ 10
Rimless (Edge Groove)	\$ 12
Prism	\$4.00 per Diopter

<u>Member Services</u>	<u>Member Pays</u>
Contact Lenses (See Note #4)	
Contact Lens Evaluation	\$ 38
(Determines Lens Type)	
Contact Lens Svc. Agree.	Normal Retail Price
Contact Lens Care Kits	Normal Retail Price
Additional C.L. visits (ea.).....	\$ 10
Hard Lenses	\$ 85
Gas Permeable	\$145
Soft (Daily):	
Bausch & Lomb (or Similar).....	\$ 50
Am. Hydron (or Similar).....	\$ 59
Cooperthin (or Similar)	\$ 59
Soft (Extended Wear):	
Bausch & Lomb(0 series) (or Similar)	\$ 70
Hydracurve (Softmate Series) (or Similar)	\$130
Toric Contact Lenses:	
Soft . . . Hard . . . R.G.P.	20% Off
Soft Custom Colors for Cosmetic Eye Color Changes.	20% Off
Disposable (1 st 3 months Supply Only)	20% Off
Custom Contacts Lenses (See Note #5) (Orthokeratology Not Covered)	20% Off
Bifocal Contact Lenses	20% Off
(Soft Disposable 1 st 3 months Supply Only)	

Contact lens fitting may be an additional charge.

*See Vision Examination

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

ALL LENS PRICES ARE PER PAIR

NOTE # 1:

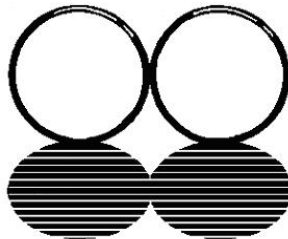
Refraction determines the need for a prescription. The \$25.00 co-payment must be paid directly to the doctor at the time of service. These benefits are part of and used in conjunction with your HMO package.

NOTE #2:

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 ± 8.00 D SPH and/or ± 1.5 D CYL are considered custom, and will be charged extra. Medically necessary contact lenses may be considered custom; however, require prior authorization.



NOTE #3:

Any multifocal add of +3.25 or more may be charged a laboratory fee of \$14.00 per lens. SEGS larger than 28mm may be charged a laboratory fee of \$20.00 BF, \$25.00 TF, per pair. Glass lenses may have an additional charge.

NOTE #4:

When purchasing contact lenses you must have a contact lens evaluation in addition to a refraction.

PLAN MQ-2

CO-PAYMENT PROGRAM

This Program is designed to share the risk, allowing the employer to offer a high quality vision benefit at a low cost while the employee has a small amount of co-payment to offset costs while receiving the basic benefit.

BENEFITS

Eye examination, medically necessary lenses, frames (ophthalmic), cosmetic contact lenses as needed.

**GUARANTEED ENROLLMENT
NO DEDUCTIBLE
NO PAPERWORK
NO PRE-EXISTING EXCLUSIONS**

Rates

Individual	\$ 4.00 per month
Individual with 1 Dependent	\$ 5.25 per month
Individual with 2 or more Dependents	\$ 6.25 per month