Member Rates

Single Member: \$14.00/month

Member + Spouse: \$25.00/month

Member + Children: \$22.00/month

Family: \$29.00/month

*Enrollment & Premium payment dates: Submitted by the 15th - EFFECTIVE DATE: 1st of month









Lens Options

(MEMBER COST)

Progressive Lenses

Up to provider's contracted fee for lined bifocal lenses. The member is responsible for the difference between the base lens and the Progressive Lens charge.

Standard Polycarbonate

\$33/adult - COVERED IN FULL for dependent children Solid Plastic Dye \$15 (except Pink I & II).

Additional Lens Options

Photochromatic Lenses: glass & plastic: \$31-\$82

Scratch Resist Coating: \$17-\$33

Anti-reflective Coating: \$43-\$85

Ultraviolet Coating: \$16

LASIK & PRK: See right page

Deductibles

\$10 EXAMS

\$25 EYE GLASS

(Lenses or Frames)

Lenses (per pair)

Single Vision; Bi-focal; Tri-focal; Lenticular: 100% covered Progressive: See Lens Options

Contact Lenses

Fit & follow up exam: 15% discount Elective: Up to \$130 Medically necessary: 100% covered

Frequencies (months)

Exam/Lens/Frames: 12/12/24
*based on date of service

Additional Features

Contact Lens Elective

Allowance includes fitting, exam, and lenses.
The cost of the fitting and evaluation is deducted from the cost of the contact lens allowance.
Allowance can be applied to disposables, but the dollar amount must be used all at once (3-6 month supply). Applies when contacts are chosen in lieu of glasses.

Additional Glasses

20% off the retail price on additional pairs of prescription glasses (complete pair).

Frame Discount

20% off the remaining balance in excess of the frame allowance.

Laser Vision Care

An average discount of 15% on LASIK and PRK.
The maximum out of pocket per eye for members is \$1800 for LASIK and \$2300 for custom LASIK using WaveFront technology; and \$1500 for PRK. In order to receive the benefit, a network provider must coordinate the procedure.

