

Offered by: **Employee's Health Insurance Services, Inc**

Ph: (858) 481-8990

Fax: (858) 755-3499

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:

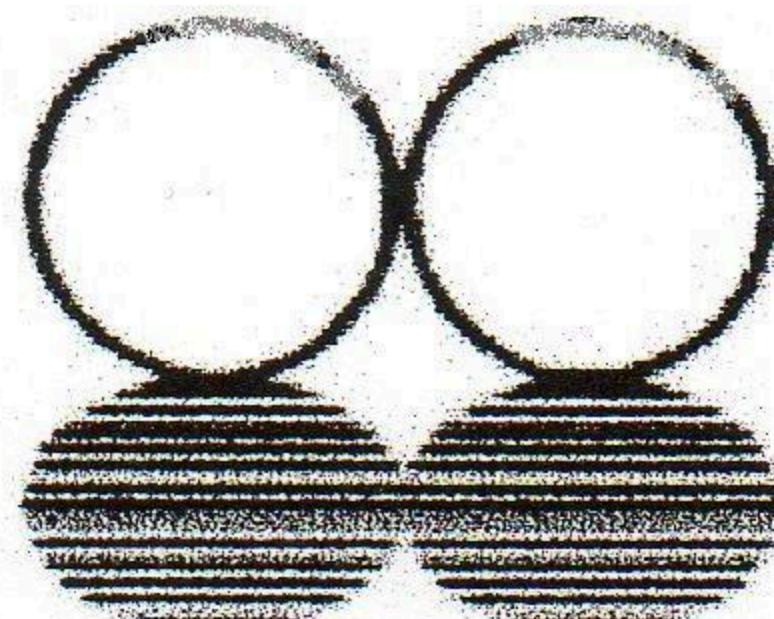
Contact lens powers over ± 6.25 D SPH and/or ± 2.0 D CYL (combined) are considered custom, and will be charged extra. Medically necessary contact lenses may be considered custom; however, require prior authorization.

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.



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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.