Schedule of Extras

All ABC Plans Except MQ-2, M-Plus & Pair and Spare



The Basic Benefit: (examination, lenses and frames **OR** Contact Lens Package)

Complete eye examination- Includes Visual Acuity Test, Ophthalmoscopy (Interior eye exam) Auto Refraction where available, Glaucoma Test, Cataract Screening and refraction

- 1. Single Vision Lenses (Up to $\pm 6.00 D \pm 3.00 D$ CYL)
- 2. Bifocal Lenses (Up to <u>+3</u>.00 add Rnd 22, FT 25-28)
- 3. Trifocal Lenses (FT 7 x 25)(FT 7 x 28)
- 4. Lenticular Lenses (Aspheric S/V and B/F)
- 5. Ophthalmic Frames (up to stipulated retail frame allowance.

OR

Contact Lenses Packages: in lieu of the basic benefit: \$100.00 applies to the Doctor's usual customary Contact Lens Package fee which includes: The complete eye examination and refraction, evaluation fitting and contact lenses.

WHAT THE PATIENT PAYS AFTER THE BASIC BENEFIT

EYEGLASSES:	S/V	MULTIFOCAL	CONTACT LENSES (If desired in addition to Basic Benefit)
Gradient Tint (Plastic)	20	20	C.L. fitting and evaluation
Double Gradient Tint (Plastic)	40	40	(Contact lens fitting means the process that
Photochromatic (Glass) 80		100	begins after an initial eye examination for
Photochromatic (Plastic) Transitions	s 80	100	contact lenses and ends when a successful
Photochromatic (Plastic) Transitions		100	fit has been achieved.)
Solid Tint (Plastic) (Other than #1 Tint 15		15	,
Which is included at no charge)			
Polish Edges (Plastic)	20	20	Co-payment Spherical 50
AR-Cote (Generic)	- 20% UCR	- 20% UCR	Co-payment Toric 75
AR-Cote (Premium)	- 20% UCR	- 20% UCR	Co-payment monovision or Multifocal 100
All other Coatings	- 20% UCR	- 20% UCR	
Scratch Resistant (plastic)	35	35	
Lens Coatings (All Types)			
Hi-index (1.56)	45	60	
Polycarbonate	45	60	
Slab-Off	60	60	Custom C.L. and Fitting UCR
Oversized (56mm ED)	20	20	(Out of normal power range-or design)
(Where applicable)			
			All disposable lenses -10% UCR*
UV-400	15	15	
B/F 35mm-Exec.		45	All RPG Lenses - 20% UCR
T/F 35mm-Exec.		65	
Progressive (Generic, Plastic)		- 20% UCR	
(i.e. Sola, XL or VIP)			*Except where prohibited by manufacturer
Progressive (premium)		UCR	
Progressive (Transitions)		- 20% UCR	ADDITIONAL SERVICES
(Generic, Plastic)			Frame Repair NO CHARGE
Progressive transitions Premium		UCR	(nose piece, screw replacement)
Blended Bifocals		70	frame Adjustment NO CHARGE
Higher Powers:		70	irame Aujustinent No Charut
$\pm 6.25D-\pm 8.00D$ (per lens)	18	22	
+8.25D-+11.00D (per lens)	_	36	
Over ±11.00D (per lens)	30	30	
(Per .5D per lens)	4	6	
Adds +3.25-4.00D	4	O	*For glass lens please quote UCR fees.
(Per lens)		14	i or grass rens prease quote out rees.
Cylinder ±3.25D or more		14	
(Per lens)	14	18	
Prims (Per D, per lens)	8	8	
r rims (r er b, per iens)	U	U	

If a patient/member desires second set of lenses/frames or both please consult your Doctor for possible discount.