



# TripleChoicePlan

Dental • Vision • Life • Disability



## VISION PLAN OF AMERICA

### “a PAIR and a SPARE” - Description of Benefits / Co-payment (Unlimited Usage)

#### Member Services

Preventive Eye Care Analysis  
 Cataract Analysis  
 Glaucoma Test (IOP Measurement)  
 Frame Repairs - screw, nose pad replacement  
 Frame Adjustments  
 Tint #1, (solid color) plastic lenses  
 Computerized vision analysis  
 (Where available )  
 Frames  
 Refraction\* (see Note # 1)

#### Members Pays

**No Charge**  
**No Charge**  
**No Charge**  
**No Charge**  
**No Charge**  
**No Charge**  
**No Charge**  
 25% Off UCR  
 \$36

#### Member Services

**Contact Lenses** (see Note #4)  
 Contact Lens Evaluation & Fitting  
 Hard Lenses (PMMA)  
  
 R.G.P.  
 Colors for cosmetic eye color changes  
 Custom Contact Lenses (see note #5)  
 (Orthokeratology, CRT)  
 Conventional Contact Lenses  
 Multifocal Contact Lenses

#### Member Pays

25% Off UCR  
 10% Off UCR  
  
 20% Off UCR  
 20% Off UCR  
 20% Off UCR  
**Not Covered**  
 15% Off UCR  
 20% Off UCR  
 (except where prohibited by Mfg)

#### Lenses (CR-39)

Single Vision Lenses \$42  
 Bifocal Lenses \$55  
 (Rnd. 22 – FT 22-28)  
 Trifocal Lenses \$79  
 (FT 7X22)  
 Progressive (Generic) \$139  
 Progressive (Premium) 20% Off UCR  
 Lenticular Lenses (S.V.) \$180  
 Lenticular Lenses (B.F.) \$240

#### (See Note #2 & #3)

#### Lens Extras: (Add to lens cost)

Oversize (over 58mm E.D.) \$15  
 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 \$45  
 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

#### Daily & Planned Replacement Contact Lenses

10% Off 12 month supply or 5% Off 6 month supply  
 Multifocal Contact Lenses 20% Off annual supply  
 (except where prohibited by Mfg)

### **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.**

#### **\* See 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  $\pm 6.00$  D SPH or when combined with  $\pm 2.00$  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  $\pm 6.25$  SPH and/or  $\pm 2.0$  D CYL (combined) are considered custom, and will be charged extra. Medically necessary contact lenses may be considered custom; however, require prior authorization.