



Vision Plan of America

Summary of Benefits for:

California Real Estate Benefit

(Group #571)

One of our strengths is the ability to customize a vision plan to meet the needs of our clients. This schedule of benefits is a standard example of a *Co Payment Vision Plan*. This plan offers UNLIMITED BENEFITS.

Plan M-PLUS

<u>Benefits</u>	<u>Co-Payments</u>
<u>EXAM / REFRACTION</u>	\$36
<u>LENSES</u>	
Single Vision	\$42
Bifocal	\$55
Trifocal	\$79
Progressive	\$139
Tint #1	No Charge
<u>FRAME</u>	25% Discount off UCR

- **Please see the attached schedule for a complete list of co-payments.**

Vision Plan of America is now providing members ACCESS TO a Laser Vision Correction preferred pricing plan! The Qualsight Preferred Pricing Program offers an enhancement to your VPA plan including:

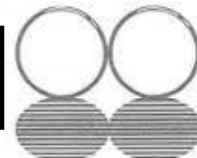
- **Savings** – you can now save 40-55% off the overall national average charge for LASIK!
- **Experienced Physicians** – national access to credentialed, Board Certified Ophthalmologists who use state-of-the-art, FDA approved LASIK equipment
- **Convenience** – our Care Managers provide a thorough prescreening process along with education about LASIK technologies, cost and benefits
- **Financing** – flexible financing available to qualified candidates.

To Access Preferred Pricing Call: 877 507 4448

Hours: 7 am - 9 pm (CST) Weekdays; 10 - 5 pm Saturdays

www.qualsight.com/-VPA

The Qualsight program is not an insured benefit. Vision Plan of America makes access to the Qualsight Program available to its members for preferred pricing FOR LASIK surgery. Vision Plan of America makes no specific recommendation for or against the Plan. All representations are those of Qualsight



Description of Benefits and Copayments

MEMBER SERVICES MEMBER PAYS

COMPLETE EYE EXAMINATION **\$36.00**

Including: Visual Acuity Test,
Ophthalmoscopy (interior eye exam)
Auto refraction where available
Glaucoma Test, Cataract Screening
And refraction (See note #1)

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)

Oversized (over 58mm E.D.)	\$15.00
Fashion Tints (each color, CR-9)	
Tint #1 (solid tint) plastic	NO CHARGE
Single gradient	\$15.00
Double Gradient	\$25.00
Photoextra (S/V)	20% off UCR
Photoextra (B/F)	20% off UCR
Photoextra (Progressive)	20% off UCR
Photochromatic (i.e. transitions, sun sensor, etc.)	20% off UCR
Scratchcote (Plastic lenses)	\$20.00
Polycarbonate	\$45.00
Thin Lenses(other than polycarbonate)	20% off UCR
UV Coating	\$10.00
Rimless (Edge Groove or Drill Mount)	20% off UCR
Prism (per D, per lens)	\$8.00

Frames 25% off UCR

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 and additional charge when power of lenses exceeds ± 6.00 D SPH or a 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 (Secondary examination)	25% off UCR
Hard Lenses (PMMA)	10% off UCR
R.P.G.	20% off UCR
Colors for cosmetic eye color changes	20% off UCR
Custom Contact Lenses (See note #5)	15% off UCR
(Orthokeratology, CTR)	Not Covered
Conventional Contact Lenses	15% off UCR
Multifocal	20% off UCR

***Except where prohibited by manufacturer**

10% off 12 month supply or 5% off 6 month supply
10% off 12 month supply or 5% off 6 month supply
of Standard and Multifocal soft Contact Lenses.
(Except where prohibited by manufacturer)

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.

ADDITIONAL SERVICES

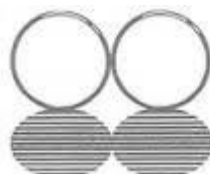
Frame Repair	NO CHARGE
(nose piece, screw replacement)	
frame Adjustment	NO CHARGE

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.



**VISION PLAN
Of
AMERICA**