



Eyecare Essentials – Cost & Savings Comparison

Enrollment Fee (Per Benefit Year)

	No Vision Plan	Silver Plan	Gold Plan	
Annual Fee - Adult	\$0	\$50*	\$100*	*Does not automatically renew.
Annual Fee - Child	\$0	\$25	\$75	*ONE dependent with each adult enrolled at NO additional cost

Cost of Services

New Patient /Established Patient	No Vision Plan	Silver Plan	Gold Plan	
Comprehensive Eye Exam	\$275/\$250	\$235/\$215	\$195/\$175	* <u>One</u> eye exam allowed per benefit year
Contact Lens Fitting*	\$80-\$200**	10%***	15%***	*Required by law annually for contact lens prescription **Fee depends on the type of contact lens needed. ***One fitting benefit allowed per year
Additional Medical Testing	Submitted to medical insurance when appropriate/applicable. Deductible, co-pays, co-insurance may apply If no medical insurance, 30% will be applied on screening scans.			

BENEFITS for contact lenses (benefits apply to ONE order annually)

	No Vision Plan	Silver Plan	Gold Plan	
Annual Supply of contact lenses*	none	10% off**	15% off + free shipping**	*Your provider will determine what constitutes an annual supply **Manufacturer rebates may be applied for additional savings

BENEFITS for Prescription Eyewear

	No vision plan	Silver plan	Gold plan	
Frame	none	\$50 off	\$100 off	*Some exclusions apply including Maui Jim, Wiley X, safety packages, & non-prescription frames
Premium lenses	none	\$25 off <\$500 \$50 off >\$500	\$50 off <\$500 \$100 off >\$500	
Spark measurements	\$40	\$0	\$0	