

HEALTHRIGHT OVER 21 MEDICAID VISION BENEFIT PLAN AND FEE SCHEDULE

Eye Exam: Comprehensive eye exam is covered once every twenty-four (24) months for members over the age of 21.

Lenses: Standard lens types are covered once every twenty-four (24) months for members over the age of 21.

Frames: Standard retail frames are covered once every twenty-four (24) months for members over the age of 21.

Contact Lenses: Standard contact lenses are covered once every twenty-four (24) months for members over the age of 21.

Replacement Lenses/Frames/Contact Lenses: Covered for members experiencing a change in plus or minus one-half diopter or lost, stolen or broken every six months.

FEE SCHEDULE

Services	Plan Pays
Comp Exam by Ophthalmologist	\$40.00
Comp Exam by Optometrist	\$40.00
Routine Eye Exam	\$35.00
Single Vision Lens	\$30.00
Bifocal Vision Lens	\$42.00
Trifocal Vision Lens	\$50.00
Contact Lenses (Including Exam, Fitting, and Lens)	\$99.95
Frames	\$20.00

****LENSES OR FRAMES OUTSIDE OF THE ALLOWABLE SELECTION ARE COST MINUS 25%, MINUS THE FRAME ALLOWANCE, PATIENT PAYS BALANCE**