

**CHARTERED 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.

Sunglasses: Covered when medically necessary.

**FEE SCHEDULE**

<b>Services</b>	<b>Plan Pays</b>
Complete Eye Exam	\$35.00
Single Vision Lens	\$30.00
Bifocal Vision Lens	\$42.00
Trifocal Vision Lens	\$50.00
Contact Lenses (Including Exam)	\$114.20
Contact Lenses (Without Exam)	\$79.20
Frames	\$19.00