



## Group Vision Proposal for City of Shreveport

In-network benefits		Designer Plan	
<b>Frequency – once every:</b>			
Eye examination inclusive of dilation (when professionally indicated)		12 Months	
Spectacle lenses		12 Months	
Frame		24 Months	
Contact lens evaluation, fitting & follow-up care (in lieu of eyeglasses)		12 Months	
Contact lenses (in lieu of eyeglasses)		12 Months	
<b>Copayments</b>			
Eye examination		\$15	
Spectacle lenses		\$25	
<b>Eyeglass benefit - frame</b>			
<b>Frame allowance (retail):</b>		Up to \$130 or Up to \$180 at Visionworks <sup>1</sup> Plus a 20% discount on any average <sup>4</sup>	
<b>Exclusive Collection<sup>3</sup> (in lieu of allowance):</b>			
Fashion / Designer / Premier - member charge (if applicable)		\$0 / \$0 / \$25	
<b>Eyeglass benefit - spectacle lenses</b>		<b>Member charges</b>	
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)		Covered	
Tinting of plastic lenses		Covered	
Scratch-resistant coating		Covered	
Polycarbonate lenses (children <sup>4</sup> / adults)		\$0 / \$30	
Ultraviolet coating		\$12	
Anti-reflective (AR) coating (standard / premium / ultra)		\$35 / \$48 / \$60	
Progressive lenses (standard / premium / ultra)		\$50 / \$90 / \$140	
High-index lenses		\$55	
Polarized lenses		\$75	
Plastic photochromic lenses		\$65	
<b>Scratch protection plan:</b> single vision / multifocal lenses		\$20 / \$40	
<b>Contact lens benefit (in lieu of eyeglasses)</b>			
<b>Contact lens: materials allowance</b>		Up to \$105 Plus a 15% discount on any average <sup>2</sup>	
- Evaluation, fitting & follow-up care – standard lens types		Covered	
- Evaluation, fitting & follow-up care – specialty lens types		Up to \$60 Plus a 15% discount on any average <sup>2</sup>	
<b>Exclusive Collection contact lenses<sup>3</sup> (in lieu of allowance):</b>			
Materials: disposable or planned replacement: up to		4 or 2 boxes	
- Evaluation, fitting & follow-up care		Covered	
<b>Visually required contact lenses (with prior approval)</b>			
- Materials, evaluation, fitting & follow-up care		Covered	
<b>Additional savings</b>			
Retinal imaging – member charge		\$39	
Additional pairs of eyeglasses		30% discount <sup>2</sup>	
<b>Out-of-network reimbursement schedule: up to</b>			
Eye examination: \$40	Single vision lenses: \$40	Trifocal lenses: \$80	Elective contact lenses: \$105
Frame: \$50	Bifocal/progressive lenses: \$60 <sup>5</sup>	Lenticular lenses: \$100	Visually required CL: \$225

<sup>1</sup>Enhanced frame allowance is available at all Visionworks locations nationwide.

<sup>2</sup>Additional discounts not applicable at Walmart, Sam's Club, or Costco locations or where limited by law or manufacturer restrictions.

<sup>3</sup>Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

<sup>4</sup>Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

<sup>5</sup>Progressive lenses reimbursement are in lieu of the Bifocal lenses reimbursement.

## One-year eyeglass breakage warranty included