

HERMITAGE SCHOOL DISTRICT

PARTICIPATING PROVIDER FEES

EXAM	\$ 40.00
SINGLE VISION	\$ 39.00
BIFOCALS	\$ 65.00
TRIFOCALS	\$ 80.00
FRAMES	\$ 60.00
CONTACTS WITH EXAM*	\$ 100.00

NON PARTICIPATING PROVIDER FEES

EXAM	\$ 32.00
SINGLE VISION	\$ 30.00
BIFOCALS	\$ 40.00
TRIFOCALS	\$ 50.00
FRAMES	\$ 25.00
CONTACTS WITH EXAM	\$ 90.00
	NO DISCOUNT

*PLAN PAYS 15% DISCOUNT ON CONTACTS BALANCE TO THE PROVIDER

PROVIDER GIVES 15% DISCOUNT ON BALANCE OF OTHER ELIGIBLE SERVICES

CODES FOR SERVICES WHERE FEES PAYABLE ARE ACCEPTED BY PARTICIPATING PROVIDERS AS PAYMENT IN FULL.

EXAM	UP TO	\$40.00	20000
EXAM W/ REFRACTION	UP TO	\$40.00	20100
SINGLE VISION	LESS THAN	\$59.00	21100
BIFOCALS	LESS THAN	\$80.00	21300
TRIFOCALS	LESS THAN	\$90.00	21600
FRAMES	LESS THAN	\$70.00	22200

IF THE PATIENT/EMPLOYEE ELECTS TO PURCHASE CONTACT LENSES, THIS BENEFIT IS IN LIEU OF ALL OTHER VISION BENEFITS FOR THE SAME LIMITATION PERIOD. THE BASIC ALLOWANCE SHALL BE APPLIED TOWARD THE COST OF THE CONTACT LENSES. ANY BALANCE SHALL BE SUBJECT TO THE APPLICABLE DISCOUNT AND REMAINS THE PATIENT'S RESPONSIBILITY TO THE PROVIDER.

ALL BENEFITS ARE PAYABLE ONCE IN EVERY 12 MONTH PERIOD.

BOTH GLASSES AND CONTACTS ARE NOT PAYABLE IN THE SAME 12 MONTH PERIOD.

ABSOLUTELY NO GRACE PERIOD!