

Puerto Rico, Effective January 1, 2005

Eye Examination: 80% of your usual and customary fee up to a maximum of \$36.00

Single Vision Lenses up to 55mm & Dispensing \$31.50 per pair

(Additional reimbursements will be paid for the following covered options)

- Powers 7.12 sphere or 4.12 cylinder or above \$3.00 per lens
- Lenticular or variable asphericity lenses \$12.00 per lens
- Slab Off \$30.50 per lens
- Prism \$2.00 per lens

Bifocal Lenses up to 55mm & Dispensing \$49.50 per pair

(Additional reimbursements will be paid for the following covered options)

- Powers 7.12 sphere or 4.12 cylinder or above \$3.00 per lens
- Lenticular or variable asphericity lenses \$14.00 per lens
- Slab Off \$30.50 per lens
- Prism \$2.00 per lens

Trifocal Lenses up to 55mm & Dispensing \$67.50 per pair

(Additional reimbursements will be paid for the following covered options)

- Powers 7.12 sphere or 4.12 cylinder or above \$3.00 per lens
- Lenticular or variable asphericity lenses \$14.00 per lens
- Slab Off \$30.50 per lens
- Prism \$2.00 per lens

Basic lenses covered include: prescriptions up to and including 7.00 sphere and 4.00 cylinder; plastic or glass (including hardening); zyl, metal or carbon mounting; bifocal or trifocal segment widths of 25 and 28; all higher adds; all base curves; and press-on prism.

Lenses exceeding 55mm and additional lens options not covered by the plan may be billed to the patient. Discount lens options 20% off your Usual and Customary charges.

Frame

- Retail Frame Allowance: Standard is \$100.00; however, allowance may be different for some members.
(If the patient selects a frame with a retail value exceeding the patient's retail frame allowance, you may balance bill the difference between the retail value of the frame and the patient's retail frame allowance, less a 20% discount to the patient.)
- Frame Reimbursement (includes materials and dispensing): Reimbursement will be 67% of your retail price up to 67% of the patient's retail frame allowance.

Contact Lenses

- Elective Contact Lenses: Standard allowance is \$100; however, allowance may be different for some members. Discount your professional fees 15% (includes evaluation, fitting, design and follow-up services).
(If the patient selects contact lenses exceeding the patient's allowance in material costs, you may balance bill the difference between your material costs, including supplemental fitting and evaluation fees (discounted 15%), and the patient's allowance.)



- **Medically Necessary Contact Lenses:** Subject to review for medical necessity. If approved, necessary contact lenses are covered in full. You are reimbursed 85% of U&C for the fitting and evaluation plus U&C for materials up to VSP's allowed amount for the type and quantity of contacts provided.

