

VISION PLAN 2000

SCHEDULE OF VISION CARE SERVICES FEES

PROVIDED EXCLUSIVELY BY THE VISION PLAN 2000 Illinois PARTICIPATING NETWORK PROVIDERS

Examinations (Routine)	<u>Limitations</u>	<u>Member Fees & Discounts</u>
General	as necessary	\$45.00
*Comprehensive	as necessary	\$85.00
Follow-up	as necessary	\$19.00-\$39.00
 Diagnostic Procedure		
Dilation	as necessary	\$19.00
Threshold Visual Field	as necessary	\$79.00
Contact Lens Exam	as necessary	\$79.00
 Contact Lens Fitting Fees		
Disposable	annual fee	\$39.00
Gas Permeable	annual fee	\$39.00
Toric	annual fee	\$79.00
Bifocal	annual fee	\$99.00
Contact Lens Materials	Disposable Lenses Not included	15% Discount
 Other Professional Services		
Treatment of Ocular Infections And Ocular Abrasions	as necessary	\$99.00, per course of treatment, excluding Prescription
Other Ocular Conditions	as necessary	20% Discount
Laser Vision Correction (LASIK)	Bilateral	\$3800.00**
Emergency Eye Care	as necessary	10% Discount
 Traditional Eyewear & Accessories		
Frames & Sunglasses	Unlimited	20% Discount
Prescription Lenses	Unlimited	20% Discount
Cases, Cleaner etc.	Unlimited	20% Discount
Dispensing Fee	each pair	\$10.00

Only the procedures listed in this Schedule of Services are covered under Vision Plan 2000. See Conditions and Limitation.
All fees are due in full at the time services are rendered.

*A comprehensive eye examination is inclusive of dilation and a visual field screening. *Some network providers perform only Comprehensive Eye Examinations.*

**This is the Maximum Allowable Charge. (Usual and customary fees for this procedure is established by our Network Providers are \$4500.00. All LASIK procedures are performed by Board Certified Ophthalmologists.)