

Healthy Vision Schedule of Allowances in Partnership with EyeMed Vision Care Dove Technologies

	Option 6	
Benefits	Your In-Network Cost	Out-of-Network Reimbursement
Exam		
Comprehensive Eye Exam	\$0	\$30
Retinal Imaging Benefit	Up to \$39	N/A
Contact Lens Fit & Follow-up – Standard	Up to \$40	N/A
Contact Lens Fit & Follow-up – Premium	10% off retail price	N/A
Frames		
Frame Allowance	\$150	\$75
Discount off balance over frame allowance	20% off	N/A
Standard Plastic Lenses		
Single Vision	\$0	\$25
Bifocal	\$0	\$40
Trifocal	\$0	\$55
Lenticular	\$0	\$55
Standard Progressive	\$65	\$40
Premium Progressive -Tier 1	\$85	\$40
Premium Progressive -Tier 2	\$95	
Premium Progressive -Tier 3	\$110	
Premium Progressive -Tier 4	\$65 copay, 20% off retail	
	less \$120 allowance	
Lens Options		
UV	\$15	N/A
Tint (Solid & Gradient)	\$15	N/A
Standard Scratch Coating	\$0	\$5
Standard Polycarbonate (Adults)	\$40	N/A
Standard Polycarbonate (ages 19 & younger)	\$0	\$5
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective – Tier 1	\$57	N/A
Premium Anti-Reflective – Tier 2	\$68	N/A
Premium Anti-Reflective – Tier 3	20% off	N/A
Photochromic / Transitions Plastic	\$75	N/A
All Other Lens Options	20% off retail	N/A
Contact Lens Allowance		
Conventional	\$150 Allowance, 15% off	\$120
	balance over \$150	·
Disposable	\$150 Allowance	\$120
Medically Necessary	Paid in Full	\$210

Frequency for Exam, Frames Lenses or Contacts is Once Every 12 Months.

Eyeglass or Contact Lens Exam with Dilation

Benefits cover a comprehensive examination and prescription for eyeglass lenses or contact lens. A dilated exam, if deemed necessary by the provider, is included with a member's copayment.

Vision services are provided by EyeMed Vision Care, please visit www.eyemedvisioncare.com or call 866-723-0513. The plan utilizes the Insight Network. You can also visit My Health Toolkit on www.southcarolinablues.com or call 866-939-3633.