



PROVIDER MANUAL

28120 U.S. Hwy. 281 N. ♦ Suite 108 ♦ San Antonio Texas 78260
800-662-8264, FAX 866-772-0285
www.EyetopiaPlans.com

FOR PROVIDER USE ONLY – DO NOT DUPLICATE WITHOUT PERMISSION

Updated: November 18, 2009



Table of Contents

Eyetopia Vision Care Overview	3
Eyetopia Contact Information	3
The Eyetopia Plan	4
Eyetopia Refractive Surgery Benefit	5
Frequently Asked Questions	7
Competitive Advantages and Disadvantages of Eyetopia Vision Plans	7
Eyetopia Member Referral Program	8
How to Ensure Reimbursement	8
Reimbursement Schedules (CF-35 & CF-40)	9
Maximizing Reimbursement	11
Contact list of our Strategic Vendors	12
Website Claim Submission—System Requirements and User Tips	13
Signing In	14
Looking Up a Patient	15
Viewing Patient Demographics	16
My Patient List	16
Verifying Patient Benefits/ Eligibility	17
Submitting a Claim	18
Claim Form - Required Fields	19
Claim Errors	20
Saved Claims	20
List of Current Employer Contracts with their Benefits	22



Eyetopia Vision Care Overview

Eyetopia Vision Care offers Participating Providers more control and more responsibility in a wide area. It is important that your staff understands the difference between Eyetopia and all the other vision plans that you accept. We have listed five key differences that we feel make Eyetopia the perfect vision plan for every Texas eye care provider:

- 1) Eyetopia is a pre-paid discount plan, not an insurance company. This means all the rules governing insurance plans do not govern Eyetopia.
 - You will always get paid for covered services you render to a legitimate Eyetopia Member.
 - Even if you forget to file the claim for 11 months, 30 days and 7 hours! (we have to cut off paying claims older than a year, due to software and accounting limitations)
- 2) You can send your spectacle work to any lab you choose, or make them yourself ¹
- 3) You can provide any contact lens brand you choose.
- 4) We contract with laser surgeons willing to accept discounts between \$250.00 and \$500.00 per eye and provide a reimbursement for a portion of the post-op fees. So if you would like to co-manage Eyetopia Members that take the refractive surgery option, you need to be sure you can co-manage with the designated Eyetopia Vision Care surgeon in your area.
- 5) You get paid once per month. We batch all claims submitted before close of business on the last day of the month. Checks go out by the 10th of each month.
 - We only pay once per month because Eyetopia Providers are also Owners and are entitled to all the money collected that month up to your Maximum Conversion Factor.² We cannot pay claims until we have batched all the claims submitted for that month.
 - You have direct control over your Reimbursement Schedule in two ways:
 - As a Provider you are also a Member Owner and can participate in governing the plan.
 - Our Strategic Vendors have agreed to subsidize operating costs for their Member Owner customers.

Once you begin to see Vision Plan patients we are confident that you will agree with hundreds of other Eyetopia Owners that this is *as perfect a vision plan can get*. We tell all prospective Clients (Employers) that our Participating Providers love the plan and do everything possible to ensure that the Eyetopia Member has a positive experience at their practice. We hope your experience with Eyetopia is so exceptional that you begin to recommend it to your patients that complain about their vision insurance.³

Eyetopia Contact Information

Customer Service:

830-438-6296, 800-662-8264, Fax 866-772-0285
Member@EyetopiaPlans.com
Monday through Friday – 8:30 AM to 5:00 PM
(Central Time)

¹ See Page 12 for information on Eyetopia Strategic Vendors

² See Page 9 for more information regarding Maximum Conversion Factors

³ See Page 8 for more information regarding our Owner's Referral Program




The Eyetopia Plan

Eyetopia vision plans are essentially the same, regardless of the allowances or the eligibility periods they offer only two (2) benefits for each Member in each eligibility period: An eye exam and the patient’s choice for vision correction. Once these two benefits have been used, they are ineligible for either benefit regardless of their reason until the next eligibility period starts.

If a Provider discovers any medical condition during their eye examination, the eye exam should not be billed to Eyetopia, but to their medical insurance. This will keep their Eyetopia vision exam benefit available for the remainder of their benefit period. Eyetopia Gold offers medically necessary contact lenses and the contact lens exam for medically necessary contact lenses can be billed to Eyetopia when no medical insurance is available. The frame, contact lens and surgery allowances, applicable co-pays and eligibility periods are always printed on the back of every member’s card as shown below:

Example of Eyetopia 120/145 Membership Card



Member Name: John Doe
 ID#: 10023123445 Effective Date: 10/01/09
 Employer: ACME Plan: 120/145
 Exam Co-pay: \$10 Materials Co-pay: \$10
 Allowances:
 Frame- \$120 CL's- \$145 Surgery- \$350

Customer Service Department: 1-800-662-8264
 www.EyetopiaPlans.com



Participant is eligible for one (1) vision examination and one (1) vision correction option during the eligibility period. The plan provides three (3) options for vision correction; glasses, contact lenses or refractive surgery.
 Services are covered at participating provider locations only. Card void when eligibility terminates.
 For a complete listing of participating providers, visit our web-site, www.eyetopiaplans.com.
 Any changes in member's status should be directed to the Eyetopia Vision Care Customer Service Department.

28120 US Hwy 281 North, Suite 108 Ph: 1-800-662-8264
 San Antonio, TX 78260 Fax: 1-866-722-0285

This example is showing the following information: The Member pays a \$10.00 co-pay at the time of their exam. If they select spectacles for their vision correction they can select frame with a \$120.00 retail value or less and pay no additional fees. They will pay a \$20.00 materials co-pay upon ordering spectacle lenses or a \$20.00 materials co-pay upon ordering contact lenses. The contact lens allowance is \$145.00, which includes the fitting fee and the cost of their contact lenses. All Eyetopia Vision plans offer a per eye refractive surgery allowance that is shown on the card, \$350.00/eye in this case.

Note 1: It is expected for you to charge your fitting fee to patients that may opt out of the contact lens benefit after an unsuccessful trial period. You can either deduct it from their spectacle benefit, or have the patient pay you directly.

Note 2: The two numbers in the plan name always represent the plan allowances. The first number is for the frame (\$120 allowance) The second number is for the Contact Lenses (\$145.00). If there is a third number it is probably representing the benefit frequency (Eyetopia 120/145-24 for 24 month frame replacement frequency)

Program Service Period

Program service periods are identified on-line. Please check their eligibility status on-line, do not rely on the date on Membership Card. The card provides you with their unique identification number or you can use the employee’s Social Security number. Services provided before the effective date and after the Expiration date are the responsibility of the Member and not the Plan. The Member’s employer (the plan sponsor) maintain and submit a current list of their employees on the EyetopiaPlans.com web-site on a weekly basis.



Eyetopia Refractive Surgery Benefit

Eyetopia offers an allowance toward all FDA approved refractive procedures performed by the Participating Provider. Eyetopia was created to function with an integrated eye care delivery system operating through patient co-management between primary and tertiary eye care providers. Consequently, claims for refractive surgery are only submitted by the post-operative eye care provider.

Eyetopia has an agreement with an area surgeon to be the exclusive surgeon for all area Eyetopia Members as long as the surgeon provides all FDA approved procedures. If not, other providers are added to ensure all covered benefits are available. The surgeon agrees to accept a discount per eye to become a Participating Provider. Primary eye care providers (optometrists) need an established co-management relationship with the area surgeon(s) to be able to provide Pre and Post-op care for Members selecting the refractive surgery option.

The Eyetopia Plan's refractive surgery benefit has the following unique features:

- 1) We are committed to the integration of primary and tertiary care for refractive surgery. Allowing both professions to practice in their fields of expertise and interest. Consequently, the primary care provider functions as a gatekeeper for the refractive surgery benefit and tertiary care providers are accessed on a Referral Only basis. The RSC code identifies these Primary Care Participating Providers on all Directory Listings and on the EyetopiaPlans.com website.
- 2) Pre-op Exams are performed by Primary Eye Care Providers and submitted to Eyetopia for reimbursement. Eyetopia Members can change their mind and opt for contact lenses or spectacles after the additional testing is completed during the free screening at Surgeon/Facility without losing any benefits.
- 3) We don't offer a percentage discount; rather we offer a fixed dollar allowance. The standard Eyetopia plan provides Members with a \$350.00 discount allowance per eye and Eyetopia Gold provides a \$500.00 discount allowance per eye. Eyetopia reimburses a portion of the discount allowance to the provider of the post-operative care. (see example on next page)
- 4) Eyetopia is the only plan offering a discount on all FDA approved procedures, however each surgeon can specify which procedures they are willing to participate in.
- 5) Eyetopia offers exclusive agreements for Tertiary Care Participating Providers. Eyetopia offers no out of network benefits so Eyetopia Members that prefer to consider an alternative surgeon would have to travel to another area of Texas to receive their refractive surgery benefit.
- 6) Surgeons/Facilities do not have to submit claims for reimbursement. They just deduct an applicable portion from the standard Post-op fees normally paid to the co-managing Optometrist. It is the Optometrist's responsibility to file for the remaining portion of their post-op fees to be reimbursed by Eyetopia.



Example of Custom IntraLASIK OU procedures with **Eyetopia Gold plan benefits** (\$500/eye):

Hypothetical Only – actual fees vary from surgeon to surgeon

Normal Co-Management	
SERVICE	U & C Fee
Global Fee Includes 1 Yr. follow-up:	\$4,400
Post-Op Fee from 1 Day to 1 Yr.	\$800
Surgeon Portion	\$3,600
Optometrist Portion	\$800

Eyetopia Co-Management		
Amount Paid	Paid By:	Paid To:
\$3,400	Patient	Surgeon/Facility
\$550	Eyetopia	Optometrist
\$3,400		
\$550		
	Surgeon/Facility write-off	\$200
	Optometrist Write-off	\$250

Using an Advertised Price: Eyetopia allows the patient an additional 10% discount from the advertised price

Normal Co-Management	
\$1,000 off sale	Advertised
Global Fee Includes 1 Yr. follow-up:	\$3,400
Post-Op Fee from 1 Day to 1 Yr.	\$600
Surgeon Portion	\$2,800
Optometrist Portion	\$600

Eyetopia Co-Management		
Amount Paid	Paid By:	Paid To:
\$3,060	Patient	Surgeon/Facility
\$550	Eyetopia	Optometrist
\$3,060		
\$550		
	Surgeon/Facility write-off	\$540
	Optometrist Write-off	\$250

Example of Custom IntraLASIK OU procedures with **Eyetopia 120/145 Plan Benefits** (\$350/eye):

Hypothetical Only – actual fees vary from surgeon to surgeon

Normal Co-Management	
SERVICE	U & C Fee
Global Fee Includes 1 Yr. follow-up:	\$4,400
Post-Op Fee from 1 Day to 1 Yr.	\$800
Post-Op Fee from 1 Day to 1 Yr.	
Surgeon Portion	\$3,600
Optometrist Portion	\$800

Eyetopia Co-Management		
Amount Paid	Paid By:	Paid To:
\$3,700	Patient	Surgeon/Facility
\$350	Eyetopia	Optometrist
\$300	Surgeon/Facility	Optometrist
\$3,400		
\$650		
	Surgeon/Facility write-off	\$200
	Optometrist Write-off	\$150

Using an Advertised Price: Eyetopia allows the patient an additional 10% discount from the advertised price

Normal Co-Management	
\$1,000 off sale	Advertised
Global Fee Includes 1 Yr. follow-up:	\$3,400
Post-Op Fee from 1 Day to 1 Yr.	\$600
Post-Op Fee from 1 Day to 1 Yr.	
Surgeon Portion	\$2,800
Optometrist Portion	\$600

Eyetopia Co-Management		
Amount Paid	Paid By:	Paid To:
\$3,030	Patient	Surgeon/Facility
\$350	Eyetopia	Optometrist
\$300	Surgeon/Facility	Optometrist
\$2,730		
\$650		
	Surgeon/Facility write-off	\$870
	Optometrist Write-off	\$150



Frequently Asked Questions

Q: What does “Add-On” next to the polycarbonate and Hi-Index code mean?

A: ‘Add-On’ means you are paid an additional amount for the material upgrade. Always submit the lens code to receive your full reimbursement.

Q: How do you handle patients that change their mind after having a Contact Lens Fitting?

A: You have two options. If they are staying in your practice and getting glasses you can add the cost of your fitting fee to their frame cost. (I.E., Frame Allowance is \$120, less \$70 for fitting fee leaves \$50 toward their frame purchase) The other option would be to submit a claim for just the fitting fee. We’ll make a note in their file that allows the patient to access any remaining balance later in the year or at another provider’s contact lens dispensary.

Q: When is it appropriate to ‘balance bill’ the patient?

A: You can always balance bill for amounts over allowances (Frames, Contact lenses & Refractive Surgery) and for any extras not specifically listed. You can never balance bill for benefits associated with co-pays (Exams, Spectacle Lenses, listed coatings and upgrades). Although contact lenses have a co-pay, because they also come with an allowance, you can balance bill for any portion over the allowance.

Q: What is the definition of a ‘standard’ or ‘basic’ PAL?

A: More and more vision insurance plans are offering coverage on PAL lenses, but have graduated ‘co-pays’ depending on the manufacturing costs involved. Eyetopia is attempting to keep things simpler and more flexible by allowing each office to define their own ‘basic’ or ‘standard’ PAL lens. Remember that since you cannot balance bill for covered lenses, you’ll need to select a ‘basic’ or ‘standard’ PAL that costs you around \$45 per pair. Both the Signa-Armorlite Navigator® lens or the Essilor Natural® lens fall into this price point.

Q: What spectacle lens materials and coatings are covered under the Gold plan?

A: We cover Polycarbonate or Hi-Index or CR-39 plastic. When making or ordering these lenses for a Gold plan member, they should come with UV and Scratch coatings included.

Q: Are we reimbursed for the coatings covered by the Gold plan?

A: Not separately for Poly or Hi-Index lenses—the ‘Add-On’ reimbursement includes coverage for the coatings. However, if you select CR-39 plastic for a Gold Member’s lenses, then you should bill for and be reimbursed for the UV and Scratch coatings.

Q: What NPI number do I use when submitting claims through EyeSynergy?

A: Since this is a required field, you just enter tens zeros (0000000000) since EyeSynergy is not set up yet to accept NPI numbers at this point in time.

Competitive Advantages and Disadvantages of Eyetopia Vision Plans

In general vision plans have focused on the glasses option and in almost all cases vision plans offer the best value on their glasses option. Which is why Providers are usually discounted the most severely on reimbursements for this option. Contact lenses have such a low profit margin that most plans reimburse the full allowance with little or no discount. Virtually all vision plans are still just offering a discount for LASIK or PRK surgery. Eyetopia Vision Care was created by providers for providers and consequently we have structured the plan to benefit providers more than to benefit consumers. Provider/owners that are aware of the plan’s inherent weaknesses and strengths can greatly assist us in maintaining a high satisfaction rate among Eyetopia Vision Plan Members.

Marketing Strengths

- ◆ Higher than average frame and contact lens allowances.
- ◆ All refractive surgery options are covered.

Why?

More closely matches expected retail costs. Improves general patient satisfaction by lowering out of pocket costs..
Allows providers to fit procedures to patients, better patient care.



Marketing Strengths (continued)

- ◆ Standard PAL Lens⁵ coverage
- ◆ Providers well established in the community
- ◆ Most Providers are on most medical panels.

Marketing Weaknesses

- ◆ No Out of Network benefits
- ◆ Few discounts on add-ons, extras or 2nd pairs
- ◆ Fixed dollar Refractive Surgery benefit
- ◆ Few commercial optical panel members

Why?

More closely matches vision insurance competitors.
 Name recognition, provides a quality image.
 Facilitates coordination of benefits, keeps the Eyetopia free to provide materials benefits.

Why?

To prevent becoming an insurance company.
 To protect our provider/owners profits.
 To protect our provider/owners profits.
 To protect the private practice of optometry.

Eyetopia Member Referral Program

All Participating Providers are encouraged to market the individual Eyetopia plan to targeted patients.

- When employers change to a plan that a Provider isn't participating in.
- Retiring patients that are losing their Employee benefits.
- Patients that take their prescriptions to look for a better price.

Participating Providers can earn a 2% commission when they refer an Employer that results in a sale even if an agent is involved in the sale.

Please contact Sales at (800) 662-8264 ext. 101 or sales@eyetopiaplans.com for more information.

How To Ensure Reimbursement

Claims are paid on a monthly basis all clean claims submitted and accepted on or before the close of business on the last day of business in the calendar month will be processed and paid by the 10th of the following month.

Claims can be submitted electronically through a link set up in the Provider Section of our website: www.EyetopiaPlans.com. They are processed on a regular basis and rejected claims notices are sent out regularly as well. As long as a rejected claims are corrected and resubmitted before the end of the month, they will be paid in the monthly batch. If you decide not to submit claims online, you should mail or fax the HCFA to:

**Eyetopia Vision Care
 Claims Department
 28120 U.S. Hwy. 281 N., Suite 108
 San Antonio, TX 78260
 Or Fax to 866-772-0285**

Eyetopia has not yet set a filing deadline, as long as we can verify that the Member was eligible for services at the time of service, the submitted claim will be paid. We have trouble verifying their eligibility when claims submission is beyond a year after the date of service.

Reimbursement Schedules

The Eyetopia Provider Agreement ensures that the Participating Providers will get all the pre-paid vision plan payments paid after deducting our operating expenses. All of the collected revenue is distributed to Participating Providers, nothing except an approved reserve is retained in Eyetopia for any reason. The Provider Agreement also clearly states that Providers only get all the pre-paid vision plan revenue. If an employer fails to pay and we are unsuccessful in recovering obligated funds, the Providers have no recourse against Eyetopia or her assigns.



If our marketing agent underestimates the costs involved in providing the contracted pre-paid vision services, the provider has no recourse against anyone and is obligated by their agreement to provide the services promised for whatever revenue is available. Eyetopia distributes the pre-paid vision care funds every calendar month. It is divided among all the Participating Providers that make a claim for these funds in that month. Participating Providers adopted an Adjusted Relative Value Units (ARVU) established by Medicare and the insurance industry to establish a method of distributing these funds. The Eyetopia Marketing Committee established a fair market Conversion Factor (CF) to allow us to calculate the cost of their pre-paid vision plan products. The Eyetopia Advisory Board declared the formula, CF X ARVU, to be the “maximum” reimbursement to be distributed in any given calendar month. Any surplus funds remaining would be rolled over into the next month and to maintain a reserve equal to two-months of claims revenue. If at the end of the year there are still surplus funds, they will be distributed to all Participating Providers proportionate to the ARVUs submitted during that calendar year.

(You will be paid the lower of either your U & C or the posted amount)

Lense reimbursements are "per pair"			Potential *	Panel
Description:	ARVU	CPT:	\$40.00 CF	\$35.00 CF
New Intermediate Exam	1.55000	92002	\$62.00	\$54.25
New Comprehensive Exam (S0620)	1.72000	92004	\$68.80	\$60.20
Established Intermediate Exam	1.31990	92012	\$52.80	\$46.20
Established Comprehensive Exam (S0621)	1.66000	92014	\$66.40	\$58.10
Medically Necessary Contact Lens Fitting	1.72000	92070	\$68.80	\$60.20
\$100 Frame	2.02703	V2020	\$81.08	\$70.95
\$120 Frame	2.43430	V2020	\$97.37	\$85.20
\$130 Frame	2.63710	V2020	\$105.48	\$92.30
\$150 Frame	2.97297	V2020	\$118.92	\$104.05
SV- PI to 4	1.08108	V2100	\$43.24	\$37.84
SV- 4.12 to 7.00	1.16216	V2101	\$46.49	\$40.68
SV 7.12-20.00	1.35135	V2102	\$54.05	\$47.30
SV PI-4.00/.12-2.00	1.08108	V2103	\$43.24	\$37.84
SV PI-4.00/2.12-4.00	1.29730	V2104	\$51.89	\$45.41
SV PI-4.00/4.25-6.00	1.48649	V2105	\$59.46	\$52.03
SV PI-4.00/6.00 up	1.59459	V2106	\$63.78	\$55.81
SV 4.25-7.00/.12-2.00	1.24324	V2107	\$49.73	\$43.51
SV 4.25-7.00/2.12-4.00	1.43243	V2108	\$57.30	\$50.14
SV 4.25-7/4.25-6.00	1.56757	V2109	\$62.70	\$54.86
SV 4.25-7/6.00 up	1.62162	V2110	\$64.86	\$56.76
SV 7.25-12/.25-2.00	1.51351	V2111	\$60.54	\$52.97
SV 7.25-12/2.25-4	1.62162	V2112	\$64.86	\$56.76
SV 7.25-12/4.25-6	1.70270	V2113	\$68.11	\$59.59
SV 12 up/any cyl	1.75676	V2114	\$70.27	\$61.49
BF PI-4.00	1.72973	V2200	\$69.19	\$60.54
BF 4.12-7.00	1.97297	V2201	\$78.92	\$69.05
BF 7.12-20.00	2.16216	V2202	\$86.49	\$75.68
BF PI-4.00/.12-2.00	1.89189	V2203	\$75.68	\$66.22
BF PI-4.00/2.12-4.00	2.02703	V2204	\$81.08	\$70.95



Lense reimbursements are "per pair"				
Description:	ARVU	CPT:	Potential * \$40.00 CF	Panel \$35.00 CF
BF PI-4.00/4.25-6.00	2.10811	V2205	\$84.32	\$73.78
BF PI-4.00/6.00 up	2.16216	V2206	\$86.49	\$75.68
BF 4.25-7.00/.12-2.00	2.02703	V2207	\$81.08	\$70.95
BF 4.25-7.00/2.12-4.00	2.13514	V2208	\$85.41	\$74.73
BF 4.25-7.00/4.25-6.00	2.27027	V2209	\$90.81	\$79.46
BF 4.25-7.00/6.00 up	2.37838	V2210	\$95.14	\$83.24
BF 7.25-12/.25-2.00	2.16216	V2211	\$86.49	\$75.68
BF 7.25-12/2.25-4.00	2.29730	V2212	\$91.89	\$80.41
BF 7.25-12/4.25-6.00	2.37838	V2213	\$95.14	\$83.24
BF 12 up/any cyl	2.48649	V2214	\$99.46	\$87.03
Lenticular (Myodisc) Lenses	2.54057	V2215	\$101.62	\$88.92
TF PI-4.00	2.29730	V2300	\$91.89	\$80.41
TF 4.12-7.00	2.38380	V2301	\$95.35	\$83.43
TF 7.12-20.00	2.56757	V2302	\$102.70	\$89.86
TF PI-4.00/.12-2.00	2.29730	V2303	\$91.89	\$80.41
TF PI-4.00/2.12-4.00	2.43243	V2304	\$97.30	\$85.14
TF PI-4.00/4.25-6.00	2.62162	V2305	\$104.86	\$91.76
TF PI-4.00/6.00 up	2.67568	V2306	\$107.03	\$93.65
TF 4.24-7.00/.12-2.00	2.37838	V2307	\$95.14	\$83.24
TF 4.25-7.00/2.12-4.00	2.51351	V2308	\$100.54	\$87.97
TF 4.25-7.00/4.25-6.00	2.67568	V2309	\$107.03	\$93.65
TF 4.25-7.00/6.00 up	2.75676	V2310	\$110.27	\$96.49
TF 7.25-12/.25-2.00	2.56757	V2311	\$102.70	\$89.86
TF 7.25-12/2.25-4.00	2.67568	V2312	\$107.03	\$93.65
TF 7.25-12/4.25-6.00	2.83784	V2313	\$113.51	\$99.32
TF 12 up/any cyl	2.96683	V2314	\$118.67	\$103.84
Progressive Lenses (Essilor Navigator®)	2.29730	V2781	\$91.89	\$80.41
POLY-TRIVEX (Add on)	1.09371	V2784	\$43.75	\$38.28
Contact Lens Exam included in ccl pkg.	0.00000	92310	\$0.00	\$0.00
Contact Lens \$125	3.50000	V2500-V2599	\$125.00	\$122.50
Contact Lens \$135	3.78571	V2500-V2599	\$135.00	\$132.50
Contact Lens \$145	4.07142	V2500-V2599	\$145.00	\$142.50
Contact Lens \$200	5.64286	V2500-V2599	\$200.00	\$197.50
Contact Lens \$250	7.07143	V2500-V2599	\$250.00	\$247.50
Medically Necessary Contact Lens	11.35714	V2531 (OD&OS)	\$400.00	\$397.50
Prism	2.29730	V2715	\$91.89	\$80.41
UV Block Treatment	0.50000	V2755	\$20.00	\$17.50
Scratch Resistance Treatment	0.50000	V2760	\$20.00	\$17.50
Hi-Index Lens 1.54 to 1.65 (Add on)	1.49143	V2782	\$59.66	\$52.20
Hi-Index Lens >=1.66 (Add on)	1.68171	V2783	\$67.27	\$58.86

* "Billed To Others" Form Required to apply for CF-40 rates.



Lense reimbursements are "per pair"				
Description:	ARVU	CPT:	Potential * \$40.00 CF	Panel \$35.00 CF
Refractive Surgery Post Op Care-NuVision	5.00000	66999-NV-OD	\$200.00	\$175.00
Refractive Surgery Post Op Care-NuVision	5.00000	66999-NV-OS	\$200.00	\$175.00
Refractive Surgery Post Op Care-GMA	3.75000	66999-GMA-OD	\$150.00	\$131.25
Refractive Surgery Post Op Care-GMA	3.75000	66999-GMA-OS	\$150.00	\$131.25
Refractive Surgery Post Op Care-UGMA \$350	7.85714	66999-UGMA-OD	\$314.29	\$275.00
Refractive Surgery Post Op Care-UGMA \$350	7.85714	66999-UGMA-OS	\$314.29	\$275.00
Refractive Surgery Post Op Care-UGMA \$500	7.85714	66999-UGMA-OD	\$314.29	\$275.00
Refractive Surgery Post Op Care-UGMA \$500	7.85714	66999-UGMA-OS	\$314.29	\$275.00

* "Billed To Others" Form Required to apply for CF-40 rates.

Maximizing Reimbursement

Two reimbursement schedules have been adopted and are referred to as (CF-40) and (CF-35). Eyetopia Vision Plans keep Membership Fees competitive while offering the highest vision plan reimbursement schedule in Texas through the financial support of strategic vendors. All Eyetopia Providers have executed a Strategic Vendor Acceptance Form that allows Eyetopia to collect rebates on their purchases from these strategic vendors. A Provider who sends all their "shipped to sales" to an ELOA lab and buys \$36,000 in annually from strategic frame vendors.

Eyetopia uses the vendor rebates to defray operating expenses and passes these savings on to all Members. The goal of Eyetopia is to keep Panel Member (CF-35) reimbursements competitive while continuing to maximize supporting Member reimbursements. The following comparison was made during our 2006 Annual Meeting held on March 25th 2006. This illustrates the advantages of member support of a provider owned vision plan.

Reimbursement Comparison to Medicare and VSP®⁴

Description:	CPT:	\$40.00 CF	\$35.00 CF	MEDICARE	VSP®
New Intermediate Exam	92002	\$62.00	\$54.25	\$50.41	\$67.50
Frame for Plan 120/145	V2020	\$97.37	\$85.20	N/A	\$37.50
SV- 4.12 to 7.00	V2101	\$46.49	\$40.68	\$44.13	\$32.50
BF PI-4.00	V2200	\$69.19	\$60.54	\$47.49	\$43.00 *
TF PI-4.00	V2300	\$91.89	\$80.41	\$62.01	\$53.00
Progressive Lenses	V2781	\$91.89	\$80.41	N/A	\$80.00
Contact Lens Plan 120/145	V2500-V2599	\$145.00	\$142.50	\$101.26	Plan Dependent
UV Lenses	V2755	\$20.00	\$17.50	\$17.76	N/A
AR Coat	V2750	\$49.14	\$43.00	\$20.41	\$17 to \$20
Scratch Resistant coating	V2760	\$20.00	\$17.50	\$14.23	\$8.00
Polycarbonate lenses	V2784	\$40.00	\$38.28	\$38.28	\$13 to \$15
Hi-Index Lens 1.54 to 1.65	V2782	\$59.66	\$52.20	\$52.20	\$20.00
Hi-Index Lens >= 1.66	V2783	\$67.27	\$58.86	\$58.86	\$33.00

* This is a dispense fee only, VSP® pays all manufacturing costs.

If you would like to suggest changes to either of our two reimbursement schedules, please contact us and we will get you in touch with a member of the Eyetopia Marketing Committee. The Marketing Committee is responsible for keeping our Membership Fees competitive throughout Texas.

⁴ This comparison was done in 2006 and was only an estimate based on information provided to the Marketing Committee and may not be current or be applicable to all areas in Texas.



Contact List of Our Strategic Vendors

Company	Contact	Area	Phone	Fax	Email
Essilor (ELOA)	Bruce Winslow	National	800-638-957 x6537	407-628-4996	bruce.winslow@elo.com
	Denny Geuder	Director– Strategic Alliances	336-420-9795		dgeuder@essilorusa.com
	Patrick Higuera	District Manager	209-607-5141 (cell)		phiguera@essilorusa.com
	Melanie Aguilera	IPA Service Rep	214-496-4000 x4318		maguilera@essilorusa.com
	Debbie Reim	Dallas			dreim@essilorusa.com
	Patrick Shiller	Fort Worth			pshiller@essilorusa.com
	Jeremy Grandstaff	East TX			jgrandstaff@essilorusa.com
	Bruce Tetreault	Houston			bruce.tetreault@elo.com
	Lynda Summers	Houston			lsummers@essilorusa.com
	Billy Chambers	South TX	210-240-1970 (cell)		billy.chambers@elo.com
Bette Hilb	Central/West TX.	325-212-8195 (cell)	325-949-4161	bhilb@essilorusa.com	
Clear Vision Optical	Analiza LiganViri	Corporate			aliganviri@cvoptical.com
	Mark McCann	Regional Mgr.		800-228-6329	markmccann@cvoptical.com
	Sherrilyn Miele	South TX	512-627-7786		smiele@cvoptical.net
	Mel Burkhart	Central TX	972-816-5879		Sharme42@aol.com
	Diane Glover	Houston	832-326-0982		dg77381@hotmail.com
	Monty Smith	Dallas/East TX	972-754-9419		montyj328@yahoo.com
	Bud Witte	West TX.	505-362-0896		budwitte@msn.com
Safilo USA	Pat Koran	Texas	405-751-0952	973-240-4820	pkoran@repmail.safilousa.com
	Linda Bobo	South TX.			
	Pedro Reh	South TX.			pedro_reh@hotmail.com
	Larry Taylor	South TX.			ldttaylor@aol.com
	Michelle McBride	Corporate	800-631-1188 x4952		michellemc@safilousa.com
Chuck Winkle	South TX.			chwnk@aol.com	
Signature Eyewear	Michael Price	CEO	800-765-3937	310-330-2765	
	Dana Michalke	National	800-765-3937 x6024	310-330-2765	dmichalke@signatureeyewear.com
	Kevin Seifert	VP Operations	800-765-3937	310-330-2765	kseifert@sigeye.com
	Mitch Whitaker	Regional Mgr.	800-765-3937	310-330-2765	mwhitaker@signatureeyewear.com
	Renee Edelstein	Cindy Keeney's Director of Ops.	800-765-3937 x6625	310-330-2765	redelstein@sigeye.com
	Judy Framan	El Paso	800-765-3937 x6020	310-330-2765	jframan@sigeye.com
	Franklin Duncan	Houston	800-765-3937	310-330-2765	fduncan@sigeye.com
	Debbie McCollough	Houston	800-765-3937	310-330-2765	dmccollough@sigeye.com
	Gregg Daniels	Austin, DFW	800-765-3937 x6018	310-330-2765	gdaniel@sigeye.com
Cynthia Keeney	Austin/South TX	210-326-0110 (cell)	210-402-0656	ckeeney@sigeye.com	
Vision West Eye	Marilyn McCluskey				
	Cheryl Poirrier	Texas	800-640-9485 x153	757-546-1346	cpoirrier@vweye.com
VEATCH	Staff	National	800-447-7511		order@veatchinstruments.com

System Requirements and User Tips

The following guidelines will ensure successful use of eyeSynergy®.

System Requirements

Minimum Hardware Configuration	Recommended Hardware Configuration
1024 x 768 screen resolution	800 x 600 or 1024 x 768 screen resolution
15 inch monitor	17 inch monitor
256 color video mode	256 color video mode
Pentium 350 or better	Pentium III or better
64MB RAM	128MB RAM
Recommended Software Configuration	
Internet Explorer 5.0 or later	Adobe Acrobat Reader 7.0 or later
Recommended Internet Configuration	
Disable pop-up blockers & enable Javascript in Internet Explorer	Disable "Reuse windows for launching shortcuts" in Internet Explorer.

User Tips

- Avoid using the "Back" button on your browser. Use the provided buttons and links to navigate throughout eyeSynergy®.
- Avoid using the "Enter" key on your keyboard. Use the provided buttons to process information.
- Required fields are light green in color and marked with a red asterisk.

Registration

Before logging onto eyeSynergy® for the first time, providers must call the Customer Service Department at (800) 662-8264 to obtain a User ID and password. Once registration is successfully completed, the user name for the account will become the 9-digit tax ID number provided during the registration process. The user name does not include dashes, parenthesis or spaces.

Password

The default password for newly registered accounts will be provided to you upon registration. Please note that the password is case sensitive. You may change your password for the account when signing in for the first time by following the steps provided.

Need assistance?

For assistance with registration, please contact us toll-free at (800) 662-8264, ext. 112.

Signing In

1. Access eyeSynergy® via our website at www.eyetopiaplans.com by clicking the Providers link and then clicking the Claims & Eligibility button. **[Figure 1]**

Figure 1. Claims & Eligibility



- You may also type the following address into your web browser to access the eyeSynergy® home page: https://www.eyesynergy.com/ES_TEG.

2. Enter your User Name and Password in the fields located on the right-hand side of the page. Click the button to log on. **[Figure 2]**

Figure 2. eyeSynergy® Sign In

A screenshot of the 'Sign In' form. It has a dark blue header with the text 'Sign In'. Below the header are two input fields: 'User Name' and 'Password'. At the bottom of the form is a red 'SUBMIT' button and a blue link that says 'Forgot your Password?'.

Looking up a Patient

1. Click the button in the Current Patient Box located at the top of the page.
2. Enter the patient's Last Name and Date of Birth. The First Name field is optional. **[Figure 3]**

Figure 3: Looking up a New Patient

3. Click the button to view your search results. **[Figure 4]**

Figure 4: Search Results

PATIENT SEARCH RESULTS							
							New Patient Search
	Patient Name	Patient Address	Patient DOB	Patient ID	Health Plan	Plan Type	Status
<input type="button" value="SELECT"/>	JAMES BOND	460 E. YOUNG ST. TX 78214	6/23/1965	234567890	BOSTON ISD	120/145	ACTIVE

4. Click the button located to the left of the patient for which you are searching. This will add the patient to the Current Patient Box located at the top of the page. Clicking will also add the patient to My Patient List for future reference. Please refer to page 6 for additional information about My Patient List.

OR

Look up an Existing Patient from My Patient List

1. From the main menu bar, click Patient.
2. From the Patient drop-down menu, select My Patient List to view your patient list.
3. Click the button located next to the patient you would like to change your Current Patient to. This will add the patient to the Current Patient Box located at the top of the page.

Important!

Current Patient in the box must be changed prior to reviewing eligibility or benefits and/or submitting a claim for a new patient. Also always verify the Current Patient accurately reflects the patient for whom you intend to review eligibility or benefits and/or submit a claim.

Viewing Patient Demographics/Plan Information

Patient demographics and plan information such as health plan (ie: Uvalde CISD), plan type (ie: 120/145) and effective date are available online. **[Figure 5]**

Figure 5: Patient Demographics

PATIENT DEMOGRAPHICS/PLAN INFORMATION	
PATIENT INFORMATION	
NAME	JOHN SMITH
ADDRESS	264 PLACID CORE, TX 78130
DOB	5/4/1954
HOME PHONE	(830) 625-2622
PLAN INFORMATION	
HEALTH PLAN	NEW BRAUNFELS CHRISTIAN ACADEMY
PLAN TYPE	100/135
PLAN ID	100/135
PATIENT ID NUMBER	123456789
EFFECTIVE DATE	9/1/2006
TERMINATION DATE	
CURRENT STATUS	ACTIVE
LAST EYE EXAM	09/10/2008
LAST VISION CORRECTION	05/19/2007

1. Ensure the patient for whom you would like to view demographics/plan information is displayed in the Current Patient Box located at the top of the page.
2. From the Patient drop-down menu, select Current Patient to view your current patient’s demographic/plan information.

My Patient List

My Patient List is an accumulation of patients selected in eyeSynergy® by your office. My Patient List includes essential patient information such as patient ID, address and DOB. Patients are automatically added to My Patient List upon each successful search and selection of a patient.

Access My Patient List



1. From the main menu bar, click Patient.
2. From the Patient drop-down menu, select My Patient List to view your Patient List. **[Figure 6]**

Figure 6: My Patient List

MY PATIENT LIST								New Patient Search
	Patient Name	Patient Address	Patient DOB	Patient ID	Health Plan	Plan Type	Status	Delete
<input type="checkbox"/>	JANE DOE	863 ESTES AVE SAN ANTONIO, TX 78209	9/06/1955	012345678	SAN ANTONIO AREA FOUNDATION	100/120	TERMINATED	<input type="checkbox"/>
<input type="checkbox"/>	JOHN SMITH	264 W. SAN ANTONIO ST. NEW BRAUNFELS, TX 78130	5/15/1954	123456789	NEW BRAUNFELS CHRISTIAN ACADEMY	100/135	ACTIVE	<input type="checkbox"/>

Remove Patients from My Patient List

Patients will remain on My Patient List until they are removed. Removing patients from my patient list will not have an adverse affect on eligibility or claims and may be added back to My Patient List at any time.

1. With My Patient List displayed, locate the patient you would like to delete from My Patient List.
2. Click the  button next to the patient you would like to delete.
3. You may sort My Patient List by any column displaying a  button.

Verifying Patient Benefits/ Eligibility

All members are eligible for services once every twelve (12) months from their effective date. When viewing member eligibility, it is important to review the following fields: Eye Exam, Vision Correction, Effective Date and Current Status.

1. Ensure the patient you would like to confirm benefits for is displayed in the Current Patient Box located at the top of the page.
2. From the main menu bar, click Patient and then click Current Patient.
3. This will display the summary information for the Current Patient.
4. Health Plan will determine the member's EMPLOYER (see Contract Benefits sheet at the back of this manual.)
5. Plan Type will determine the level of coverage (see attached Contract Benefits sheet)

Each member's plan renews on her/his respective Effective Date. Based on the dates, if any, in the Last Eye Exam and Last Vision Correction (glasses OR contact lenses OR refractive surgery) fields, eligibility can be determined. If any corresponding date is **LESS** then twelve (12) months prior to their Effective Date, the member is not eligible for those services until their renewal date. If there is **NO** date in the Last Eye Exam and/or Last Vision Correction fields, we assume the member is eligible; however, you may contact us to verify her/his eligibility.

Note

If the member TERMINATED her/his plan, you will **NOT** be able to find her/him on eyeSynergy® website. Please call us at (800) 662-8264 for the terminated member's eligibility.

Example

Benefit plan for Current Patient in Figure 7 (ID# 123456789) allows both an eye examination and a vision correction every 12 months from the effective date. Figure 7 shows his last exam date was on 09/10/2008. This makes him eligible for his next eye examination on or after 09/01/2009*. For materials, he used the benefit on 05/19/2007; thus making him eligible for new materials until or after 09/01/2009*.

Figure 7: Benefit Summary



HEALTH PLAN	NEW BRAUNFELS CHRISTIAN ACADEMY
PLAN TYPE	100/135
PLAN ID	100/135
PATIENT ID NUMBER	123456789
EFFECTIVE DATE	9/1/2006
TERMINATION DATE	
CURRENT STATUS	ACTIVE
LAST EYE EXAM	09/10/2008
LAST VISION CORRECTION	05/19/2007

* Patient's may be eligible for services prior to benefit renewal under certain circumstances. Please refer to the Provider Reference Guide or contact us at (800) 662-8264 for additional information.

Submitting a Claim

1. Ensure the patient you would like to submit a claim for is displayed in the Current Patient Box located at the top of the page.
2. From the Main Menu Bar, click Providers.
3. From the Providers drop-down menu, click Submit a Claim to open the claim form. **[Figure 8]**




Figure 8: Minimized Claim Form

4. Complete the required fields outlined on the following pages.
5. Once all required fields are complete, the claim is ready for submission. Click the  button located at the bottom of the page.
6. A pop-up window citing terms and conditions of online claim submission will appear. Click the OK button once you have reviewed and agree to the terms and conditions.
7. A claim ID number will be provided once the claim is submitted successfully. Click the  button to view or print a copy of the submitted claim.

Note


A minimized version of the claim form is initially displayed. The minimized form contains commonly used fields in addition to all required fields. To display all available fields, click the [Maximize](#) link located on top of the claim form on the right hand side.

Claim Form - Required Fields

Is patient signature on file for release of medical info?	System requires you to select Yes or No.
Is patient signature on file for release of payment?	System requires you to select Yes or No.
Diagnosis or Nature of Illness	System requires a diagnosis code to continue with the claim.
Date of Service	Enter the date in which the service was rendered. You may also click the  button to select a date from the calendar.
CPT/HCPCS	Enter the CPT or HCPCS code from the appropriate code set in effect on the date of service. You may also click the  button for a listing of codes.
Charges	Enter your usual and customary charges for the Service CPT/HCPCS code listed.
Rendering Provider or Supplier	Select the rendering provider or supplier's name from the drop-down menu provided. If the rendering provider or supplier does not appear in the drop-down menu, you may click the  button to search our database for your provider.*
Provider of Service NPI	Please enter ten zero's (0000000000)
Facility or Provider of Service Location	This field will auto-populate. Select the applicable address from the drop-down menu if there are multiple addresses on file.*
Federal Tax ID Number	Enter the rendering provider or supplier of service federal tax ID number.
Billing Provider Name/DBA	This field will auto-populate.*
Billing Provider Address	This field will auto-populate. Select the applicable address from the drop-down menu if there are multiple addresses on file.*
Billing Provider NPI	Please enter ten zero's (0000000000)

* Please contact us at (800) 662-8264, if the information displayed is incorrect or cannot be found.

Claim Errors

To avoid errors during claim submission, ensure that all required fields are populated prior to submission. Please note that required fields are light green in color and marked with a red asterisk. If present, errors will be identified after the terms and conditions of online claim submission are accepted. Errors will be summarized at the bottom of the claim form and will also be outlined in red where the error exists on the form. Once errors are resolved, click the  button to try again. Receipt of a claim ID number will confirm successful submission of the claim.


Need assistance?

For assistance with resolving claim errors, please contact us toll-free at (800) 662-8264.

Saved Claims

Incomplete claims may be saved at any time during the claim submission process and later retrieved for completion, deletion and/or submission. Saved claims will be stored online until they are submitted or deleted.

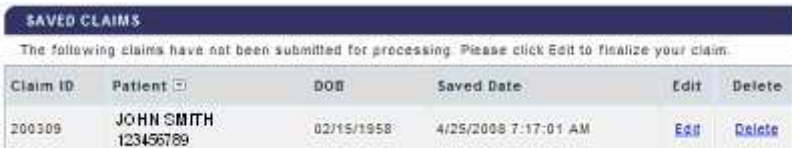
Saving a Claim

1. While on the claim form, click the  button located at the bottom of the claim form.
2. A pop-up window including the claim ID number for your saved claim will appear. Click the OK button to return to My Patient List.

Viewing Saved Claims

1. From the main menu bar, click Providers.
2. From the Providers drop-down menu, click Saved Claims to view your saved claims. **[Figure 9]**


Figure 9: Saved Claims



The following claims have not been submitted for processing. Please click Edit to finalize your claim.

Claim ID	Patient	DOB	Saved Date	Edit	Delete
200309	JOHN SMITH 123456789	02/15/1958	4/25/2008 7:17:01 AM	Edit	Delete

Completing a Saved Claim

1. With Saved Claims displayed, locate the claim to be completed.
2. Click the [Edit](#) link next to the claim to be completed. This will bring up the original claim and any remaining required fields may be completed at this time.
3. Once all required fields are complete, the claim is ready for submission. Click the  button located at the bottom of the page.
4. A pop-up window citing terms and conditions of online claim submission will appear. Click the OK button once you have reviewed and agree to the terms and conditions.
5. A claim ID number will be provided once the claim is submitted successfully. Click View Claim to view or print a copy of the submitted claim or click OK to return to My Patient List.

Deleting a Saved Claim

1. With Saved Claims displayed, locate the claim you would like to delete.
2. Click the [Delete](#) link next to the claim you would like to delete. Once clicked, the claim is deleted.

NOTE

Saved claims will remain online until they are submitted or deleted.

Contract Benefits Grid (Listed Alphabetically)

The following grid shows each contract and what their corresponding plan benefits are. Based on the Contract ID field, providers can determine benefit allowances and co-pays for each patient.

Employer	Plan	Exam Copay	Material Copay	Covered Lens Materials	Frame Allow	CL's Allow	RS Allow
Ag Nutrition Trucking	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted- \$65.						
APEX Collision Ctr.	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted- \$65.						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Bandera ISD	130/145	\$10	\$10	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$130	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65						
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Boerne ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Brady ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65						
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Central Plains Center for MHMR	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65						
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
City of Del Rio	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
City of Eagle Pass	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
City of Penitas	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							

Website Claims Submission

Employer	Plan	Exam Copay	Material Copay	Covered Lens Materials	Frame Allow	CL's Allow	RS Allow
City of Pleasanton	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF PAL is extra base lens paid at V2303 rate.	\$120	\$145/\$400	\$350/eye
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
	Lens Add-ons: UV & Scratch Coats included						
Connally Memorial Medical Center	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Crystal City ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
D'Hanis ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF PAL is extra base lens paid at V2303 rate.	\$120	\$145/\$400	\$350/eye
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
	Lens Add-ons: UV & Scratch Coats included						
Devine ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Edcouch-Elsa ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF PAL is extra base lens paid at V2303 rate.	\$120	\$145/\$400	\$350/eye
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
	Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65						
Edinburg CISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Education Service Center (Region 1)	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted- \$65						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Floresville ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted- \$65						
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Flour Bluff ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted- \$65.						
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							

Website Claims Submission

Employer	Plan	Exam Copay	Material Copay	Covered Lens Materials	Frame Allow	CL's Allow	RS Allow	
Focal Point Vision	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF PAL is extra base lens paid at V2303 rate.	\$120	\$145/\$400	\$350/eye	
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye	
	Lens Add-ons: UV & Scratch Coats included.							
Fort Sam Houston ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye	
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted- \$65.							
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye	
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65								
Friends & Family	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye	
	Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
High Plains Surgery Ctr.	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye	
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.							
Howard Payne University	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$75/eye	
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.							
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$125/eye	
	Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Individual Plans	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye	
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted- \$65.							
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye	
	Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
I.R.R.A. Charter School	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye	
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45							
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye	
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65								
KIPP Aspire Academy	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, or TF. PAL is extra base lens paid at V2303 rate.	\$120	\$145/\$400	\$350/eye	
	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye	
Knippa ISD	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted- \$65.							
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye	
	Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
La Feria ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye	
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted- \$65							
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye	
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65								
La Pryor ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye	
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.							
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye	
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65								
La Villa ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye	
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.							

Website Claims Submission

Employer	Plan	Exam Copay	Material Copay	Covered Lens Materials	Frame Allow	CL's Allow	RS Allow
La Villa ISD (Cont'd)	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
	Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65						
Lasara ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lubbock ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lyssy & Eckel	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF PAL is extra base lens paid at V2303 rate.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65						
Lytle ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Manor ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted- \$65.						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Mercedes ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Monte Alto ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Motley County ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted- \$65.						
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye
Navarro ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted- \$65.						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Nederland ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF PAL is extra base lens paid at V2303 rate.	\$120	\$145/\$400	\$250/eye
	Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included							

Website Claims Submission

Employer	Plan	Exam Copay	Material Copay	Covered Lens Materials	Frame Allow	CL's Allow	RS Allow
New Braunfels Christian Academy	100/135	\$10	\$10	Non-coated CR-39 plastic SV, BF, TF PAL is extra base lens paid at V2303 rate.	\$100	\$135 /\$400	\$250/eye
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
	Lens Add-ons: UV & Scratch Coats included						
Plainview Country Club	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted- \$65.						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Plainview ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Plainview Surgical Care	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted- \$65.						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Randolph Field ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Roma ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65						
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Sabinal ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF PAL is extra base lens paid at V2303 rate.	\$120	\$145/\$400	\$350/eye
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
	Lens Add-ons: UV & Scratch Coats included.						
San Antonio Area Foundation	100/125	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF PAL is extra base lens paid at V2303 rate.	\$100	\$125/\$400	\$250/eye
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
	Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65						
San Benito CISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
San Felipe Del Rio CISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF PAL is extra base lens paid at V2303 rate.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65						
San Marcos CISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							

Website Claims Submission

Employer	Plan	Exam Copay	Material Copay	Covered Lens Materials	Frame Allow	CL's Allow	RS Allow
San Perlita ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65/						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
South Side ISD	120/145	\$ -	\$ -	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45						
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
South Texas Education Technology	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Taylor ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Thorndale ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
TLC Academy	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
Ultrafryer Systems	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65							
United Day School	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF PAL is extra base lens paid at V2303 rate.	\$120	\$145/\$400	\$250/eye
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
	Lens Add-ons: UV & Scratch Coats included						
United ISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF. PAL is extra base lens paid at V2303 rate.	\$120	\$145/\$400	\$350/eye
	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
	Lens Add-ons: UV & Scratch Coats included						

Website Claims Submission

Employer	Plan	Exam Copay	Material Copay	Covered Lens Materials	Frame Allow	CL's Allow	RS Allow
Uvalde CISD	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65.						
	120/125-24	\$10	\$20	Non-coated CR-39 plastic SV, BF or TF	\$120	\$125/\$250	\$250/eye
	Frames are <u>every 24 months</u> .						
	Basic Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, PAL Upgrade- \$45, Anti-Reflective- \$45.						
Uvalde Memorial Hospital	150/250	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$250/\$400	\$500/eye
	Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65						
	120/145	\$10	\$20	Non-coated CR-39 plastic SV, BF, TF, or PAL.	\$120	\$145/\$400	\$350/eye
	Lens Add-ons: UV Coat & Tints- \$12, Scratch Coat- \$15, Poly Upgrade- \$35, Anti-Reflective- \$45, Warranted AR- \$65						
Uvalde Memorial Hospital	150/200	\$5	\$ -	High Index or Poly for SV, BF, TF, or PAL	\$150	\$200/\$400	\$500/eye
	Lens Add-ons: UV & Scratch Coats included, Tints- \$12, Standard AR- \$45, Warranted AR- \$65						