

**2026
 South Carolina Dental Association**

Vision Benefits

	Member Cost	Plan Payment
	Network Providers	Other Providers
Eye Exam		
For Eye Glasses	\$15	Up to \$35
For Contact Lenses	\$15	Up to \$35
Lenses (standard uncoated plastic)		
Single vision	\$0	Up to \$25
Bifocal	\$0	Up to \$40
Trifocal	\$0	Up to \$55
Lens Options		
Anti-Reflective	\$45	Not Covered
Standard Progressive	\$65	Not Covered
Polycarbonate	\$40	Not Covered
Scratch Resistant Coating	\$15	Not Covered
Ultraviolet Coating	\$15	Not Covered
Solid or Gradient Tint	\$15	Not Covered
All other options	20% off	Not Covered
Frames		
All Frames	Amount Over \$110 Allowance	Up to \$55
Contacts		
Disposable/Non-Disposable	Amount Over \$110 Allowance	Up to \$88
Therapeutic (medically necessary)	Paid in Full	Up to \$200
Monthly Rates		
Single		\$4.38
Family		\$12.84
Employee & Spouse		\$8.30
Employee & Children		\$8.73