

## 2024 South Carolina Dental Association

# Vision Benefits

	Member Cost	Plan Payment
	Network Providers	Other Providers
<b>Eye Exam</b>		
For Eye Glasses	\$15	Up to \$35
For Contact Lenses	\$15	Up to \$35
<b>Lenses (standard uncoated plastic)</b>		
Single vision	\$0	Up to \$25
Bifocal	\$0	Up to \$40
Trifocal	\$0	Up to \$55
<b>Lens Options</b>		
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
<b>Frames</b>		
All Frames	Amount Over \$110 Allowance	Up to \$55
<b>Contacts</b>		
Disposable/Non-Disposable	Amount Over \$110 Allowance	Up to \$88
Therapeutic (medically necessary)	Paid in Full	Up to \$200
<b>Monthly Rates</b>		
	<b>Single</b>	<b>\$4.38</b>
	<b>Family</b>	<b>\$12.84</b>
	<b>Employee &amp; Spouse</b>	<b>\$8.30</b>
	<b>Employee &amp; Children</b>	<b>\$8.73</b>