



## Graham ISD 2025-26 Dual-Option Eyetopia Plan Comparison

ABBREVIATED BENEFIT DESCRIPTIONS (Contact Eyetopia for more details)	CO-PAYS / ALLOWANCES	
One Exam + one Materials Option per year (or as noted below)	130/150 Plan (Standard)	180/300H Plan (Gold)
Exam Co-pay	\$10	\$5
Material Option (in lieu of Exam)	\$45 Allowance	\$65 Allowance
Materials Co-pay (glasses only)	\$20	No Co-pay
Single Vision Lens	Covered	Covered
Bi-focal Lens	Covered	Covered
Tri-focal Lens	Covered	Covered
Lenticular Lens	Covered	Covered
Standard Progressive Lens	Retail up to \$199 is covered	Retail up to \$219 is covered
Premium Progressive Lens	\$200 Allowance	\$219 Allowance
Polycarbonate material for child dependents	Covered	Covered
Polycarbonate Lenses	\$25 Co-pay	Covered
Trivex Lenses	U&C Upgrade	Covered
1.60 Index Lenses	U&C Upgrade	Covered
1.67 Index Lenses	U&C Upgrade	Covered
Frame Allowance	\$130 Retail	\$180 Retail
Scratch Resistance Coating	Covered	Covered
Ultra-Violet (UV) Protection Coating	Covered	Covered
Blue light blocking lens or coating upgrade	\$105 Co-pay	\$50 Co-pay
Mid-Level Anti-Reflective Coating (up to \$99 retail value)	Covered	Covered
Premium Anti-Reflective Coating	Up to \$130 Co-pay	\$60 Allowance
Lens Tint	\$12 Co-pay	\$12 Co-pay
Photochromatic or Polarized upgrade	\$90.00 Co-pay	\$90.00 Co-pay
<b>^ Medically Necessary Spectacle Lenses</b>	\$400 Allowance	\$400 Allowance
Contact Lens Co-pay	\$0	\$0
Contact Lens Allowance (including fitting fee)	\$150 Retail	\$300 Retail
Medically Necessary Contacts (including fitting fee)	\$550 Allowance	\$700 Allowance
Refractive Surgery (All FDA Approved Procedures)	\$350/Eye Allowance	\$500/Eye Allowance
Exam/Lens/Frame/Contacts Frequency (Months)	12/12/12/12	12/12/12/12
Hearing Aid every 12 months, or	N/A	\$750 Allowance
Hearing Aid every 24 months, or	N/A	\$1,600 Allowance
Hearing Aid every 36 months	N/A	\$2,550 Allowance

**^ Offered by special arrangement between many Participating Providers for Amblyopia or Aniseikonia treatment**

<b>Fees Collected (per Annual Membership):</b>	Monthly	Monthly
Employee Only	\$10.00	\$20.00
Employee + One	\$17.00	\$37.00
Employee + Family	\$24.00	\$52.00

***Visit [Eyetopia.org](http://Eyetopia.org) and learn more about the vision plan that maximizes benefits for our members while providing flexibility and reasonable reimbursements to our Participating Providers!***

***RECOMMENDED BY MORE TEXAS EYE DOCTORS THAN ANY OTHER VISION PLAN.***