



Florence ISD 2024-25 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 |
| ^ Medically Necessary Spectacle Lenses | \$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

| Fees Collected (per Annual Membership): | Monthly | Monthly |
|--|---------|---------|
| Employee Only | \$10.00 | \$20.00 |
| Employee + One | \$17.00 | \$37.00 |
| Employee + Family | \$24.00 | \$52.00 |

Visit 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.