City of Del Rio 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	$19.00	$39.00
Employee + Family	$27.00	$54.00

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.

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