

Concordia Health Plan 2022 Vision Premium Plan At-a-Glance

(Reflects Member's Responsibility)

Vision Benefit — Administered by VSP		
Routine Exam		
	Network Cost	Non-Network Cost Allowance
Routine Exam	\$10 copay	up to \$45
Frequency	One exam every calendar year	One exam every calendar year
Lenses		
	Network Cost	Non-Network Cost Allowance
Lenses Single/Bifocal/Trifocal/Lenticular	\$25 copay	\$30/\$50/\$65/\$100
Frequency	Once every calendar year	Once every calendar year
Progressive Lenses*	Average discount of 20%-25% off or Member may elect covered in full when selecting Progressives as the Easy Option feature*	N/A
Anti-Reflective Coating*	Average discount of 20%-25% off or Member may elect covered in full when selecting Anti-Reflective Coating as the Easy Option feature*	N/A
Polycarbonate Lenses for Children	Covered in Full	N/A
Frames		
	Network Cost	Non-Network Allowance
Retail Frame Allowance*	\$200 or Member may increase to \$250 when selecting upgraded frame allowance as the Easy Option feature*	\$70
Frequency	Once every calendar year	Once every calendar year
Contact Lenses		
	Network Cost	Non-Network Allowance
Medically Necessary	\$25 copay	\$210 allowance
Elective	\$200 allowance	\$105 allowance
Frequency	Once every calendar year	Once every calendar year

This vision option is offered with the Healthy Me and Whole Health options as well as Select HMO-C and Select HMO-C 2000.

*Vision Premium includes the Easy Option feature which offers the choice of one of the following enhanced eyewear options: (A) An upgraded frame allowance to \$250, (B) An added Progressive coverage, or (C) An added Anti-Reflective coverage

Legal Disclaimer

This document is a brief outline of benefits provided by the Concordia Health Plan option referenced above. While every effort has been made to provide accurate information, please refer to the CHP official plan document and the appropriate CHP Schedule for more detailed information.