

MVP Vision Schedule of Benefits

MVP Health Services Corp.

NY43VISVAR2022



	Participating Provider Member Responsibility	Non-Participating Provider Allowed Reimbursement to Member
Routine Eye Exam Once every 12 months per member	\$10 Copayment	Up to \$25
Contact Lens Fit and Follow up <i>Follow up available once a comprehensive eye exam has been completed</i> Standard Contact Lens Fit and Follow up (Fit plus two Follow up visits)	\$0 Copayment	Up to \$40
Premium Contact Lens Fit and Follow up	\$0 Copayment, 10% off retail price less \$55 allowance	Up to \$40
Prescription Lenses <i>Standard plastic lenses</i> Once every 12 months per member		
Single Vision	\$25 Copayment	Up to \$7
Bifocal	\$25 Copayment	Up to \$21
Trifocal	\$25 Copayment	Up to \$46
Lenticular	\$25 Copayment	Up to \$46
Standard Progressive	\$90 Copayment	Up to \$21
Premium Progressive Tier 1	\$110 Copayment	Up to \$21
Premium Progressive Tier 2	\$120 Copayment	Up to \$21
Premium Progressive Tier 3	\$135 Copayment	Up to \$21
Premium Progressive Tier 4	\$90 Copayment, then 20% off retail charge less \$120 allowance	Up to \$21
Lens Options:		
Standard Plastic Scratch Coating	\$0 Copayment	Up to \$11
Standard Polycarbonate – Kids under age 19	\$0 Copayment	Up to \$28
Frames <i>Any available frame at provider location</i> Once every 24 months per member	\$0 Copayment; \$130 allowance, 20% off balance over \$130	Up to \$65

<p>Contact Lenses <i>Allowance includes materials only</i></p> <p>Once every 12 months per member</p>		
<p>Conventional Lenses</p>	<p>\$0 Copayment; \$130 allowance, 15% off balance over \$130</p>	<p>Up to \$104</p>
<p>Disposable Lenses</p>	<p>\$0 Copayment; \$130 allowance, plus balance over \$130</p>	<p>Up to \$104</p>
<p>Non-Elective Lenses</p>	<p>\$0 Copayment; \$130 allowance, plus balance over \$130</p>	<p>Up to \$104</p>