

Horry County Schools 2011 Vision Comparison

United Specialty

Eyemed Access State Plan

VISION	<i>In network</i>	<i>Out-of-Network</i>	<i>In network</i>	<i>Out-of-Network</i>
Annual Exam	\$10 Copay	\$40 Allowance	\$10 Copay	\$35 Allowance
Frames	\$10 Copay up to \$130 retail allowance. \$50 Wholesale Allowance	\$45 Allowance	\$10 Copay, \$140 allowance. 20% off balance over \$120	\$70 Allowance
Lenses				
Single lenses	\$10 Copay	\$40 Allowance	\$10 Copay	\$25 Allowance
Bifocal Lenses	\$10 Copay	\$60 Allowance	\$10 Copay	\$40 Allowance
Trifocal Lenses	\$10 Copay	\$80 Allowance	\$10 Copay	\$55 Allowance
Lenticular	\$10 Copay	\$80 Allowance	\$10 Copay	\$55 Allowance
Standard Progressive	\$0	N/A	\$45 Copay	\$55 Allowance
Premium Progressives	\$0	N/A	\$71 - \$83 Copay depending upon brand	\$55 Allowance
Lens Options				
Polycarbonate	\$0	N/A	Included for Children	Up to \$5 Allowance
Tint	\$0	N/A	\$0	Up to \$5 Allowance
UV Coating	\$0	N/A	\$0	Up to \$5 Allowance
Standard Scratch Resistance	\$0	N/A	\$0	N/A
Standard Anti Reflective	\$0	N/A	\$45	N/A
Contact Lenses				
Medically Necessary	\$10 Copay	\$210 Allowance	\$0 Copay	\$200 Allowance
Elective	\$10 Copay to \$150 Allowance	\$150 Allowance	\$130 Allowance, 15% off balance over \$130	\$104 Allowance
Contact Lens Fitting	Covered In Full	N/A	Covered In Full	N/A
Other				
LASIK	15% off Retail, 5% off promotional pricing	N/A	15% off Retail, 5% off promotional pricing	N/A
ID Cards	No		Yes	
Frequency				
Examination	12 months		12 months	
Frames	24 months		24 months	
Lenses	12 months		12 months	
Contact Lenses	12 months		12 months	
Semi-Monthly Rates				
Employee	\$7.02		\$3.88	
Employee/Spouse	\$12.58		\$7.76	
Employee/Child(ren)	\$13.19		\$8.24	
Family	\$19.39		\$12.12	
Website: www.myuhcvision.com www.eyemedvisioncare.com				