

Concordia Health Plan 2019
Vision B At-A-Glance
(Reflects Member's Responsibility)

Vision Benefits – Administered by VSP		
Routine Exam		
	Network Cost	Non-Network Cost Allowance
Routine Exam	\$10 copay	up to \$45
Frequency	One exam/calendar year	One exam/calendar year
Lenses		
	Network Cost	Non-Network Cost Allowance
Lenses <i>Single/Bifocal/Trifocal/Lenticular</i>	\$25 copay	\$30/\$50/\$65/\$100
Frequency	Once/calendar year	Once/calendar year
Progressive Lenses	Average 20%-25% off	N/A
Anti-Reflective Coating	Average 20%-25% off	N/A
Polycarbonate Lenses for Children	Covered in Full	N/A
Frames		
	Network Cost	Non-Network Allowance
Retail Frame Allowance	\$150	\$70
Frequency	Once/every other calendar year	Once/calendar year
Contact Lenses		
	Network Cost	Non-Network Allowance
Medically Necessary	\$25 copay	\$210 allowance
Elective	\$150 allowance	\$105 allowance
Frequency	Once/calendar year	Once/calendar year

Legal Disclaimer

This document is a brief outline of benefits provided by the Concordia Health Plan (CHP) 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. Those documents and additional plan information can be found online at ConcordiaPlans.org.