

## Puerto Rico, Effective January 1, 2006

Eye Examination: 80% of your usual and customary fee up to a maximum of \$36.00

Single Vision Lenses up to 55mm & Dispensing \$31.50 per pair

*(Additional reimbursements will be paid for the following covered options)*

- Powers 7.12 sphere or 4.12 cylinder or above \$3.00 per lens
- Lenticular or variable asphericity lenses \$12.00 per lens
- Slab Off \$30.50 per lens
- Prism \$2.00 per lens

Bifocal Lenses up to 55mm & Dispensing \$49.50 per pair

*(Additional reimbursements will be paid for the following covered options)*

- Powers 7.12 sphere or 4.12 cylinder or above \$3.00 per lens
- Lenticular or variable asphericity lenses \$14.00 per lens
- Slab Off \$30.50 per lens
- Prism \$2.00 per lens

Trifocal Lenses up to 55mm & Dispensing \$67.50 per pair

*(Additional reimbursements will be paid for the following covered options)*

- Powers 7.12 sphere or 4.12 cylinder or above \$3.00 per lens
- Lenticular or variable asphericity lenses \$14.00 per lens
- Slab Off \$30.50 per lens
- Prism \$2.00 per lens

Basic lenses covered include: prescriptions up to and including 7.00 sphere and 4.00 cylinder; plastic or glass (including hardening); zyl, metal or carbon mounting; bifocal or trifocal segment widths of 25 and 28; all higher adds; all base curves; and press-on prism.

Lenses exceeding 55mm and additional lens options not covered by the plan may be billed to the patient. Discount lens options 20% off your Usual and Customary charges.

#### Frame and Contact Lenses

- Allowance varies by client. See Select Manual for details on reimbursement and patient overages.

