

Benefit Summary

**XAVIER UNIVERSITY
Core Plan**

Product: DHMO

Network: Dental Care Plus

Benefit Year: The 12 month period beginning January 1st and ending December 31st (calendar year)

Annual Maximum Benefit: \$1000 per Member

Orthodontic Lifetime Maximum Benefit: \$0 per Eligible Member

Deductible: \$50 per Member, per Benefit Year
\$150 per Family, per Benefit Year

The deductible applies to Basic Benefits only

Covered Dental Services	Deductible Applied	Percentage of Allowable Expense Paid by the Plan	Member Copayment
Preventive Benefits	No	100%	None
Basic Benefits	Yes	50%	50%
Major Benefits	No	0%	100%

Endodontic Services are covered as Basic Benefits.

Periodontic Services are covered as Basic Benefits.

Sealants are covered as Basic Benefits.

Dependent children are eligible for coverage until age 26.

A complete description of benefits, limitations and exclusions are available in the Member Handbook. Members must receive services from a Dental Care Plus dentist.

Benefit Summary

**XAVIER UNIVERSITY
Buy-Up Plan**

Product: DHMO

Network: Dental Care Plus

Benefit Year: The 12 month period beginning January 1st
and ending December 31st (calendar year)

Annual Maximum Benefit: \$1250 per Member

Orthodontic Lifetime Maximum Benefit: \$500 per Eligible Member
Limited to eligible dependent children under age 19

Deductible: \$50 per Member, per Benefit Year
\$150 per Family, per Benefit Year

The deductible applies to Basic and Major Benefits only

Covered Dental Services	Deductible Applied	Percentage of Allowable Expense Paid by the Plan	Member Copayment
Preventive Benefits	No	100%	None
Basic Benefits	Yes	60%	40%
Major Benefits	Yes	40%	60%
Orthodontic Benefits	No	50% Limited to eligible dependent children under age 19	50%

Endodontic Services are covered as Basic Benefits.

Periodontic Services are covered as Basic Benefits.

Sealants are covered as Basic Benefits.

Implants are covered as Major Benefits.

Dependent children are eligible for coverage until age 26.

A complete description of benefits, limitations and exclusions are available in the Member Handbook. Members must receive services from a Dental Care Plus dentist.

Covered Services

STANDARD GROUP CONTRACT

This is a summary only. A complete description of covered services, limitations and exclusions is available in the member handbook or certificate of insurance.

Preventive Benefits

PREVENTIVE AND DIAGNOSTIC SERVICES

- Routine oral examinations:** limited to two visits each year
- Prophylaxis (cleaning):** limited to two each year
- Topical application of fluoride:** limited to two treatments each year to children under age 18
- Biteewing X-Rays:** limited to one set each year
- Vertical biteewing X-Rays:** limited to once every three years (7-8 films)
- Periapical X-Rays:** limited to five films each year
- Full-mouth X-Rays (complete series or panoramic):** limited to once every three years

Basic Benefits

DIAGNOSTIC SERVICES

- Emergency/limited oral examinations**
- Office visit after hours:** for emergencies only
- Referral consultations and examinations performed by a specialist**
- Extraoral X-Rays**
- Emergency palliative treatment**

SEALANTS & PREVENTIVE RESIN RESTORATIONS

- Permanent molar teeth:** limited to children under 15 years of age and once every five years per tooth

SPACE MAINTAINERS

- Space maintainer – fixed, unilateral:** limited to children under 19 years of age
- Distal shoe space maintainer – fixed, unilateral:** limited to children under 8 years of age

ORAL SURGERY

Includes local anesthesia and routine postoperative care.

Extractions

- Simple single-tooth extractions
- Root removal – exposed roots

Surgical extractions

- Removal of an erupted tooth (uncomplicated)

Incision and drainage of abscess

Biopsy and examination

General anesthesia or intravenous sedation: only when necessary and provided in connection with oral surgery

PERIODONTIC SERVICES

Includes local anesthesia and routine postoperative care.

Emergency treatment (periodontal abscess, acute periodontitis, etc.)

Periodontal scaling and root planing: limited to four quadrants once per 12 months as definitive treatment when pocket depths of at least 4mm are demonstrated

Scaling in presence of generalized moderate or severe gingival inflammation:

limited to once in a 24 month period when clinical documentation demonstrates that 30% or more of teeth are involved.

Surgical periodontics (including post-surgical visits): limited to two additional recalls in the first year following complex surgery

Gingivectomy, osseous and muco-gingival surgery, gingival grafting

Guided tissue regeneration

Periodontal maintenance procedure: limited to two each year following a history of periodontal disease

ENDODONTIC SERVICES

Includes local anesthesia and routine postoperative care.

Root canal therapy, traditional

Retreatment of previous root canal: must be at least three years following previous root canal on same tooth

Recalcification and apexification

RESTORATIVE SERVICES

Includes local anesthesia. Multiple restorations on single surface considered as a single restoration.

Restorations (amalgam, composite and sedative fillings): limited to once every two years per tooth (same surfaces only)

Pins: pin retention as part of restoration when used instead of gold or crown restoration

Stainless-steel crowns when tooth cannot be adequately restored with filling material

Recementation of inlays, onlays, crowns, bridges, and space maintainers

Repairs to crowns and bridges

FULL AND PARTIAL DENTURE REPAIRS

Repair broken complete or partial dentures

Replacement of broken teeth on complete or partial denture

Additions to partial dentures to replace extracted natural teeth

Major Benefits

RESTORATIVE SERVICES

Inlays, Onlays, Crowns, Post and Core

Limited to once in five years on the same tooth.

Gold restorations and crowns are covered only as treatment for decay or traumatic injury and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a covered partial denture or fixed bridge.

ORAL SURGERY

Includes local anesthesia and routine postoperative care.

Surgical extractions

- Removal of impacted tooth – soft tissue
- Removal of impacted tooth – partially bony
- Removal of impacted tooth – completely bony
- Removal of impacted tooth – completely bony, with complications
- Surgical removal of residual roots

Pre-prosthetic oral surgery

- Alveoloplasty and vestibuloplasty

PROSTHODONTIC SERVICES

Fixed bridge: limited to one original or replacement prosthesis every five years

Complete upper or lower denture: limited to one original or replacement prosthesis every five years

Partial upper or lower denture: limited to one original or replacement prosthesis every five years

Relining and rebasing: limited to once every three years

Orthodontic Services*

Orthodontic benefits refer to plan design for individual lifetime maximum.

Comprehensive orthodontic treatment

Other orthodontic treatment: limited to one appliance per individual

Appliance for tooth guidance

Orthodontic retention appliance

All benefits paid toward orthodontia services by your current employer's previous dental carrier(s) will be applied to the Dental Care Plus lifetime orthodontia maximum.

**Call us at (800) 367-9466 or visit our website at DentalCarePlus.com
with any questions you have about service or coverage.**

*May or may not apply to your specific plan. Please refer to your benefit summary in your packet or your benefits administrator for details.

Dental insurance plans are issued by Dental Care Plus, Inc., located at 100 Crowne Point Place, Cincinnati, OH 45241. Domicile: Ohio. NAIC No. 96265.

DCPG-E&PBASIC-Covered Services

Your dental benefits.

Your employer took a smart step by partnering with The Dental Care Plus Group (DCPG) for your dental benefits. We are proud to be your company's preferred dental insurance carrier and look forward to serving you.

Having dental insurance just makes sense – both for your physical health and your budget. Better oral health can lead to better overall health as well as save you money on more involved, costly dental services or health problems.

Who we are

Here at DCPG, we specialize in dental benefits and have for more than 30 years. That experience might just qualify us as the experts in dental. It's a role we're happy to fill. We've worked with your employer to present you with solid, affordable coverage and extensive access to dentists.

Already enrolled?

Great! The contents of this packet contain the most up-to-date information about your plan. Follow the instructions provided by your employer for any required paperwork.

Ready to enroll?

It's easy to get started. Enroll in a plan by completing the required paperwork and submitting it to your benefits administrator. On or around your effective date, you will receive your member ID cards in the mail. From there, it's really easy to get started using your benefits. And we want you to use your dental benefits because when you do, it shows in your smile.

Get the dental care you need with:

- **No waiting periods on any services including preventive, basic or major.** Start seeing your dentist immediately on your effective date.
- **Two cleanings per benefit year.** We don't require you to wait six months between cleanings.
- **White fillings on all teeth.** Breathe a sigh of relief knowing you can have white (composite) fillings on all your teeth, even those teeth in the back of your mouth. Your plan won't require silver fillings on certain teeth.
- **Fourth quarter deductible carryover.** Say you need dental services and you pay your deductible in the last three months of your plan year. We'll go ahead and consider your deductible paid for the next plan year as well. This is just a fancy way of saying: we like to save you money.

Customer service that's on point.

Have a question about what your plan covers? Or maybe a claims question? Go ahead, give us a call.

When you call during business hours, a person will answer the phone, not a recording. That means no long wait times or recorded voice menus. You can reach our customer service department Monday through Friday from 8:00 am until 4:30 pm EST at (800) 367-9466. Or send us a message anytime by visiting the "Contact Us" page on our website: DentalCarePlus.com.



Member services

Go online

Our member portal is a one-stop-shop to review benefit information, check the status of claims or order new ID cards. You can also access the Oral Health Center, use the dental cost estimator and sign up to receive our Member Checkup eLetter – all excellent ways to receive tips on improving your dental health.

Once you have enrolled in a plan, register for the member portal by visiting DentalCarePlus.com, selecting “Group Member” in the top right corner, then clicking on “Login” to get started.

Find a dentist

With our online provider search, it's easy to find an in-network dentist or specialist. Simply visit fad.dentalcareplus.com or click on the “Find a Dentist” tab at the top of DCPG's home page. Once there, choose your network (found on the benefit summary document in this packet, on your member ID card or by asking your benefits administrator), then decide if you want to search by ZIP code, county or the dentist's last name. If you find that your dentist isn't listed, fill out a nomination form (included in this packet or available on our website) so we may begin the process of inviting them to join our network.



Hearing health is included

Your dental plan comes with a hearing program that can save you money on devices including name-brand hearing aids and batteries.

You can easily get on the path to better hearing by calling EPIC Hearing Health Care at (888) 899-1485 or visiting EpicHearing.com to access this program.



If you have questions, please contact your benefits administrator. If you'd like to learn more about The Dental Care Plus Group, visit DentalCarePlus.com.



Connect with us.

Make sure to follow us on social media!

[linkedin.com/company/the-dental-care-plus-group](https://www.linkedin.com/company/the-dental-care-plus-group)

[@DC_Plus](https://twitter.com/DC_Plus)

[facebook.com/DentalCarePlus](https://www.facebook.com/DentalCarePlus)



Wait, there's more.

These tips will help you save time and money as you make the most of your benefits:

- Find out what your plan covers and what it doesn't. DCPG's customer service department can help explain your benefits and plan details.
- Request that your dentist provide a pretreatment review to DCPG when he or she recommends services that exceed \$400. This will help you plan for your portion of the expense.
- Know your plan's annual maximum since you will be responsible for costs that exceed this amount.

NOTICE OF PRIVACY PRACTICES

DENTAL CARE PLUS, INC.

P.O. Box 62262 • Cincinnati, OH 45262 513-554-1100

Effective date of this notice: September 23, 2013

If you have questions about this notice, please contact the person listed under "Whom to Contact" at the end of this notice.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

SUMMARY

In order to provide you with benefits, Dental Care Plus, Inc. will receive personal information about your dental health. We are required to keep this information confidential. This notice of our privacy practices is intended to inform you of the ways we may use your information and the occasions on which we may disclose this information to others.

HOW WE MAY USE OR DISCLOSE YOUR DENTAL HEALTH INFORMATION.

We may use your dental health information, or disclose it to others, for a number of different reasons. This notice describes these reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your information.

1. Treatment. We may use your dental health information to provide you with dental care and services. This means that our employees, staff, students, volunteers and others, whose work is under our direct control, may read your dental information to learn about your dental condition and use it to help you make decisions about your care. For instance, a dental plan consultant may use dental health information to determine a treatment plan.

2. Payment. We will use your dental health information, and disclose it to others, as necessary to make payment for the dental care services you receive. For instance, we may use your dental health information to pay your claim, we may send information to the dental care professional that provided you with the dental care services, or we may send information to another insurance company to coordinate your benefits. If you owe us money, we may give information about you to a collection company that we contract with to collect bills for us.

3. Dental Care Operations. We may use your dental health information for activities that are necessary to operate this organization. This includes using your information to plan what services we need to provide, expand, or reduce, and to evaluate quality and improve our operations.

4. Business Associates. We may disclose information to third parties or organizations that we contract with to perform services for us. We require these third parties and outside organizations to protect the privacy of your information.

5. Legal Requirement to Disclose Information. We are permitted to disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the dental care system. For instance, we may be required to disclose your dental health information if we are audited by the state insurance department. We may also disclose your information in the following circumstances:

- when we are required to do so by a court order or other judicial or administrative process.
- when the information relates to a victim of abuse, neglect or domestic violence for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity.
- to a federal agency investigating our compliance with federal privacy regulations.
- if you are a member of the armed forces, as authorized by military command authorities.
- to coroners, medical examiners and funeral directors; to organ procurement organizations (for organ, eye, or tissue donation);
- for national security, intelligence, and protection of the president.
- if you are an inmate, to a correctional institution or to law enforcement officials to provide you with dental care, to protect the dental safety of you and others, and for the safety, administration, and maintenance of the correctional institution.
- to your employer for purposes of workers' compensation and work site safety laws (OSHA, for instance)
- if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual.

6. Family and Friends Involved In Your Care. With your approval, we may from time to time disclose your personal dental information to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency situation and we determine that a limited disclosure may be in your best interest, we may share limited personal dental information with such individuals without your approval. We may also disclose limited personal dental information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

7. Information to Members. We may use your dental health information to provide you with additional dental health related information. This may include mailing dental education materials to your address.

8. Dental Benefits Information. If your enrollment in the Dental Care Plus dental plan is sponsored by your employer, your dental health information may be disclosed to your employer, as necessary for the administration of your employer's dental benefit program for employees. Employers may receive this information only for purposes of administering their employee group dental plans, and must have special rules to prevent the misuse of your information for other purposes.

9. Genetic Information. We will not use or disclose any genetic information about you or your family members for underwriting or benefit eligibility determinations.

YOUR RIGHTS

1. Authorization. We may use or disclose your dental health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your dental health information for any other reason without your authorization. For example, we will obtain your authorization before using or disclosing your dental health information for:

Marketing Communications unless the communication is made directly to you in person, is simply a promotional gift of nominal value, is a prescription refill reminder, general health or wellness information, or a communication about health related products or services that we offer or that are directly related to your treatment.

Most Sales of your dental health information unless for treatment or payment purposes or as required by law.

If you authorize us to use or disclose your dental health information, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your dental information, or about how to revoke an authorization, contact the person listed under "Whom to Contact" at the end of this notice. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization.

2. Request Restrictions. You have the right to ask us to restrict how we use or disclose your dental health information. We will consider your request. But we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law.

3. Confidential Communication. You have the right to request that we communicate with you by alternative means. This request must be in writing. If we can reasonably accommodate your request within the confines of our system, we will do so. If your request is because you believe the disclosure of information could endanger you, you must notify us of that fact and your request will be accommodated if it is reasonable.

4. Inspect And Receive a Copy of Dental Health Information. You have a right to inspect the dental health information about you that we have in our records, and to receive a copy of it. We may charge a fee for the cost of copying and mailing the records. To ask to inspect your records, or to receive a copy, contact the person listed under "Whom to Contact" at the end of this notice.

5. Amend Dental Health Information. You have the right to ask us to amend dental health information about you which you believe is not correct, or not complete. You must make this request in writing, and give us the reason you believe the information is not correct or complete. We are not required to make all requested amendments, but we will consider your request carefully. To request an amendment to your information, contact the person listed under "Whom to Contact" at the end of this notice.

6. Accounting of Disclosures. You have a right to receive an accounting of certain disclosures of your information to others. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. We cannot include disclosures made before April 14, 2003. To request an accounting, contact the person listed under "Whom to Contact" at the end of this notice.

7. Notice of Breach. In the unlikely event that there is a breach, or unauthorized release of your dental health information, you have the right to receive notice and information from us on steps you may take to protect yourself from harm.

8. Paper Copy of this Privacy Notice. You have a right to receive a paper copy of this notice. If you have received this notice electronically, you may receive a paper copy by contacting the person listed under "Whom to Contact" at the end of this notice.

9. Complaints. You have a right to complain if you think your privacy has been violated. You may file your complaint with the person listed under "Whom to Contact" at the end of this notice. You may also file a complaint directly with the Secretary of the U. S. Department of Health and Human Services, at the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. All complaints must be in writing. We will not take any action against you if you file a complaint.

OUR RIGHT TO CHANGE THIS NOTICE

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any dental health information which we already have, as well as to dental health information we receive in the future. We will mail the new notice to all subscribers within 60 days of the effective date.

WHOM TO CONTACT

Contact the person listed below:

- For more information about this notice, or
- For more information about our privacy policies, or
- If you want to exercise any of your rights, as listed on this notice, or
- If you want to request a copy of our current Notice of Privacy Practices.

Contact: Privacy Officer
Dental Care Plus, Inc.
P.O. Box 62262
Cincinnati, OH 45262
513-554-1100 or 800-367-9466

Copies of this notice are also available at the Dental Care Plus, Inc. office or on our Web site: www.dentalcareplus.com. You may also request a copy by email. Contact the Privacy Officer or send an email to: hipaa@dentalcareplus.com.

Keeping your teeth clean is easier – and less expensive – than ever.

As a member of The Dental Care Plus Group (DCPG), you can now take advantage of significant discounts on two kinds of Z Sonic toothbrushes, as well as replacement heads.

With your member discount, you can get the premier Z Sonic toothbrush for \$59.95, \$140 off the Manufacturer's Suggested Retail Price (MSRP). The offer also includes 2 brush heads & 1 charging base. And as a member you also get discounts on replacement heads.

The Z Sonic pulses 31,000 – 48,000 times a minute and features 5 brushing modes (Clean, Whiten, Polish, Massage, and Sensitive) to customize your tooth cleaning experience.

Take Your Sonic Cleaning on the Road

If you travel and want to keep your mouth healthy on the road, you can also pick up a Z Sonic travel toothbrush for \$14.50. This portable, battery powered, toothbrush gives you the benefits of sonic brushing in a size that can fit in your carry on, in the glove compartment or in your desk drawer.

Save On Replacement Heads Too

On your first order of either the Z Sonic or Z Sonic Mini, if you also purchase a set of replacement brush heads, you will receive an additional 50% off on the price of the brush heads shown below PLUS free shipping.



Here's How to Order:

Online

- Go to: myzsonic.com/DCPG
- Add products to your cart
- Enter payment information

By Phone

- Call 1-888-228-7706
- Be sure to mention that you are a Dental Care Plus Group member

Discount Codes:

- Z Sonic – \$59.95 (MSRP: \$199.95)
- 4 Regular Brush Heads – \$21.88 (MSRP: \$43.76)
- 4 Premium Brush Heads – \$25.88 (MSRP: \$51.76)
- Z Sonic Mini Travel Toothbrush – \$14.50
Promo Code: DDMA4 (MSRP: \$19.95)
- 4 Z Sonic Mini Brush Heads – \$14.00 (MSRP: \$28.00)

T H E P L U S I S S E R V I C E

Nomination form.

To determine if your dentist is a participating provider with The Dental Care Plus Group (DCPG), search our online directory at: fad.DentalCarePlus.com. If your dentist is not listed, simply fill out the nomination form below so that we may contact him/her and extend an invitation to begin the process to join our networks. You may also submit the nomination form through the Find a Dentist page (link above).

Please provide the following:

Your Name

Today's Date

Employer Name (please do not abbreviate)

Dentist Name

Street Address

City

State

ZIP Code

County

Phone

May we use your name in our recruiting efforts with your dentist? Yes No

Please return completed form with your enrollment application:

By email: providerrelations@dentalcareplus.com

By fax: (513) 618-3881, Attn: Provider Relations

By mail: The Dental Care Plus Group, Attn: Provider Relations, 100 Crowne Point Place, Cincinnati, OH 45241

The completion of this form is a request for DCPG to begin the recruitment process with your dentist. This does not guarantee that your dentist will become a participating provider.

For more information, call (800) 367-9466 or visit DentalCarePlus.com.

T H E P L U S I S S E R V I C E

Welcome to Your Total Vision Services Discount Program

The Dental Care Plus Group is pleased to offer you access to a free vision discount program with your dental benefits plan. You and your eligible dependents will be enrolled in one of two programs offered by Total Vision Services (TVS): the TVS program or the Coast to Coast program. Both programs feature discounts with unlimited usage, no additional paperwork to file and no health restrictions. Your enrollment in the appropriate program is automatic and based on your home ZIP code.

Vision Schedule

TVS contracts with ophthalmologists and optometrists in selected markets across the country to provide you with discounts on eyeglasses, contact lenses, eye exams and surgical procedures (including PRK & LASIK surgery) where available. If your ophthalmologist or optometrist doesn't contract with TVS, you can give their name, address and phone number to a TVS representative and they will be invited to start the process to join the program.

Your program comes with:

- Discounts on frames, lenses and specialty items such as tints, scratch-resistant coatings and ultraviolet protection.
- No limit on the number of times you and your family may use the membership during the year.
- Savings of 10-30 percent on medical eye exams and surgical procedures including refractive surgery (PRK & LASIK).

To locate a participating provider near you, simply call (800) 869-5400 or visit TotalVisionServices.com.

Elective Eye Surgeries

In keeping with the tradition of utilizing both chain and independent providers, TVS contracts with national chains of laser surgery centers to provide discounts on refractive laser surgery. In addition, TVS contracts with independent ophthalmologists who provide discounts on refractive surgery. Payment must be made at the time of service to receive a discount. Call TVS at (513) 921-7500 or (800) 869-5400 for information regarding discounts. Usual and customary charges vary between physicians.

America's Eyewear (Replacement Contacts)

Note: this is only available through the Coast to Coast program.

Members receive greater savings on contact lenses through the TVS mail-order program. Simply call (800) 800-EYES for price quotes and to place an order. Most orders are fulfilled within 7 to 14 days.

- Savings of 10-40 percent through mail-order service.*
- Most types of contact lenses are available including disposables, torics, bifocals and gas permeable lenses.

Some brands available through the mail-order program include:

- **Disposable:** Acuvue, Durasoft, Encore, Freshlook, Biomedic, Soflens 66, Optima FW, Focus
- **Gas Permeable:** Boston, Fluoroperm, SGP, Transaire

How to use the Total Vision Services program

Simply present your Dental Care Plus Group member ID Card at any of the participating provider locations to receive your program discount. If you decide to use your own eye doctor and not take advantage of the reduced examination fees under the TVS program, you may take your prescription to any of the participating provider locations and they will fill it for you at TVS program rates.

How to use the Coast to Coast program

TVS will issue you a Coast to Coast ID Card which you must present prior to service to a participating provider. Tell the provider that you are a member with access to the Coast to Coast vision program. Should you decide to use your own eye doctor and not take advantage of savings on examination fees under the Coast to Coast program, take your prescription to any of the provider locations to receive the Coast to Coast discount on materials (frames and lenses). For the provider locations nearest you, contact the Coast to Coast vision program at (800) 800-EYES or search online at TotalVisionServices.com.

Total Vision Services Out-of-Pocket Fee Schedule

Eye Examinations

Optometrist Eye Examination (Dilation Included)	25% off UCR
Ophthalmologist Eye Examination	\$69 Flat Fee

Standard Plastic Lenses (CR-39)

Single Vision	\$39
Bifocals (FT-25, FT-28)	\$60
Trifocals (FT-7/25, FT-7/28)	\$70
Progressive Bifocals (Excluding Specialty Designs)	\$112

Strong Power Charge

Sphere and Cylinder Greater than + or – 4 Diopters	Add \$5/Per Lens
Sphere and Cylinder Greater than + or – 8 Diopters	Add \$15/Per Lens

Lens Options

Standard Tint	add \$15
Tint (Solid or Gradient)	add \$15
Standard Scratch Coating	add \$15
UV Treatment	add \$15

Standard Anti-reflective Coating	add \$40
Polycarbonate – Single Vision	add \$30
Polycarbonate – Bifocal/Trifocal	add \$35
Polycarbonate – Progressive	add \$45
Hi Index 1.60 – Single Vision	add \$35
Hi Index 1.60 – Bifocal/Trifocal	add \$45
Hi Index 1.60 – Progressive	add \$55

Prescription Remake Policy (per pair)

Single Vision Lenses	\$10
Bifocal Lenses	\$15
Progressive Lenses	\$20

Frames

All Frames up to \$150 Retail	40% off
All Frames over \$150 Retail	30% off

Any optical products not listed on the fee schedule above will be subject to a 25% discount off the regular retail price. Manufacturers rebates may be used in conjunction with the fee schedule pricing. Prices are subject to change.

Contact Lenses

Professional Services (i.e. fitting fees, follow-up visits, polishes, etc.) are 25% off regular retail prices. All contact lens fitting fees include a follow-up visit and solution.

Note: Provider may require one year minimum order of disposable lenses.

Disposable Contact Lenses

Sphere, Aspheric, Toric, Multifocal and Cosmetic Includes: One Day Disposables, Two-Week Disposables and Silicon Hydrogel	10% off Retail
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Specialty Soft Lenses – Non-disposable

Toric, Bifocal, Piggyback, Softperm, Cosmetic, Therapeutic, Post-Operative	20% off Retail
Rigid Gas Permeable Lenses Spherical, Front, Back and Bitoric, Bifocal, Kerataconus, Graft, Lenticular and etc.	20% off Retail

All contact lenses not listed by type or brand name are 20% off regular retail, except for disposable lenses, which are 10% off regular price.

**For more information, contact Total Vision Services
at (800) 869-5400 or visit TotalVisionServices.com.**

T H E P L U S I S S E R V I C E