

# OFG FINANCIAL SERVICES, INC

Eye Care Highlight Sheet



## Plan 1: Focus® Plan Summary

Effective Date: 2017

	VSP Choice Network + Affiliates	Out of Network
<b>Deductibles</b>		
	\$15 Exam	\$15 Exam
	\$15 Eye Glass Lenses or Frames*	\$15 Eye Glass Lenses or Frames
<b>Annual Eye Exam</b>	Covered in full	Up to \$45
<b>Lenses (per pair)</b>		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
<b>Contacts</b>		
Fit & Follow Up Exams	15% discount See Additional Focus Features.	No benefit
Elective	Up to \$120	Up to \$105
Medically Necessary	Covered in full	Up to \$210
<b>Frames</b>	\$120**	Up to \$70
<b>Frequencies (months)</b>		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

\*\*The Costco allowance will be the wholesale equivalent.

## Lens Options (member cost)\*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
<b>Progressive Lenses</b>	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
<b>Std. Polycarbonate</b>	Covered in full for dependent children	No benefit
<b>Solid Plastic Dye</b>	\$33 adults \$15 (except Pink I & II)	No benefit
<b>Plastic Gradient Dye</b>	\$17	No benefit
<b>Photochromatic Lenses (Glass &amp; Plastic)</b>	\$31-\$82	No benefit
<b>Scratch Resistant Coating</b>	\$17-\$33	No benefit
<b>Anti-Reflective Coating</b>	\$43-\$85	No benefit
<b>Ultraviolet Coating</b>	\$16	No benefit

\*Lens Option member costs vary by prescription, option chosen and retail locations.

## Monthly Rates

Employee Only (EE)	\$14.74
EE + Spouse	\$29.40
EE + Children	\$28.22
EE + Spouse & Children	\$43.74