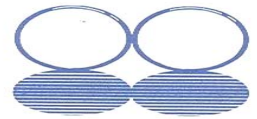


Schedule of Extras

All Plans Except M-Plus & MQ-2



The Basic Benefit: (examination, lenses, and frames)

1. Single Vision Lenses (up to ± 6.00 D ± 3.00 D CYL)
2. Bifocal Lenses (up to ± 3.00 and Rnd 22, FT 25-28)
3. Trifocal Lenses (FT 7x25) (FT 7x28)
4. Lenticular Lenses (aspheric S/V and B/F)

OR:

Contact Lenses in lieu of the basic benefit: After the eye examination (refraction) is complete, \$100.00 applies to the doctors total package fee eye examination, fitting and contact lenses.

WHAT PATIENT PAYS AFTER BASIC BENEFIT

EYEGLASSES:	S/V	MULTIFOCAL	CONTACT LENSES:	
Gradient Tint (plastic)	15	15	(if desired in addition to Basic Benefit)-	
Double Gradient tint (plastic)	22	22	C.L. fitting and evaluation	
Photochromatic (glass)	80	100	(Contact lens fitting means the process that	
Photochromatic (plastic) Transitions	80	100	begins after an initial eye examination for	
Solid Tint (plastic)	15	15	contact lenses and ends when a successful	
Other that #1 Tint (included)			fit has been achieved.)	
Polish Edges (plastic)	20	20	Co-Payment spherical	50
AR-cote (Generic)	42	42	Co-payment Toric	75
AR- cote (Premium)	55	55	Co-payment Monovision and Multifocal	100
All Other Coatings	42	42		
Scratch Resistant (plastic)	22	22		
Hi-index (1.56)	45	60	Custom C.L. and Fitting	UCR
Polycarbonate	45	60	(out of normal power range-or design)	
Slab-Off	60	60		
Oversize (56mm ED)	20	20		
(where applicable)				
UV-400	15	15	<u>All disposable lenses</u>	-- 10% UCR
B/F 35mm - Exec.		45	<u>All RGP Lenses</u>	-- 20% UCR
T/F 35mm - Exec.		65		
Progressive (Generic) (Plastic)		115		
(i.e. Sola, XL or VIP)				
Progressive Premium		UCR		
Progressive (Transitions)		190		
(Generic) (Plastic)				
Progressive Transitions Premium		UCR		
Blended Bifocal		70		
Higher Powers:				
$\pm 6.25D$ - $\pm 8.00D$ (per lens)	18	22		
$\pm 8.25D$ - $\pm 11.00D$ (per lens)	30	36		
Over $\pm 11.00D$				
(per .5D per lens)	4	6		
Adds +3.25-4.00D				
(per lens)		14		
Cylinder $\pm 3.25D$ or more				
(per lens)	14	18		
Prism (per D, per lens)	8	8		

* For glass lenses please quote UCR fees.

If patient/member desires, second set of lenses/frames or both please consult your doctor for possible discount.

ITEMS NOT LISTED ARE AT U.C.R.