



Hope College



Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 C ↗	↗ \$40
Retinal Imaging	↗ \$39	/A
Frames	\$0 C ↗ ; \$200 ; 20% ; \$200	↗ \$140
Standard Plastic Lenses	\$10 C ↗	↗ \$30
B	\$10 C ↗	↗ \$50
	\$10 C ↗	↗ \$70
	\$10 C ↗	↗ \$88
	\$30 C ↗ - \$55 C ↗	
1	\$30 C ↗	↗ \$88
2	\$40 C ↗	↗ \$88
3	\$55 C ↗	↗ \$88
4	\$10 C ↗ , 80% \$120	↗ \$88
	\$10 C ↗	↗ \$70
Lens Options (paid by the member and added to the base price of the lens)		
	\$15	/A
()	\$15	/A
C	\$15	/A
↗ 6(A) 0.07 - 0.07 14 0.58 0.00 ↗ 77030 ↗ (A) 18.744352.0699 -12 ↗ () 0.63560 ↗ () 8510.36580 ↗ (1.7443) 0.25		



B	With EyeMed	
Exam with dilation as necessary ()	\$10 Co-pay	\$40
Frames ()	\$0 Co-pay; \$200 allowance; 20% off balance over \$200	\$140
Single Vision Lenses ()	\$10 Co-pay	\$30
Or		
Contacts ()	\$0 Co-pay; \$200 allowance; plus balance over \$200	\$200

\$163

87%
SAVINGS
with us*

With EyeMed		**
Exam \$10 Co-pay	\$106	
Frame \$163 -\$200 allowance \$0 -\$0.00 (20% discount off balance) \$0.00	\$163	
Lens \$10 Co-pay \$15 UV treatment add-on +\$15 Scratch coating add-on \$40	\$78 \$23 +\$25 \$126	-
Total \$50.00	\$3986	\$50.00