

Concordia Health Plan 2024

Bundled Vision Option

At-a-Glance

(Reflects Member's Responsibility)

Vision Benefit Administered by VSP		
Routine Exam		
	Network Cost	Non-Network Cost Allowance
Routine Exam	\$10 copay	up to \$45
Frequency	One exam every calendar year	One exam every calendar year
Lenses*		
	Network Cost	Non-Network Cost Allowance
Lenses Single/Bifocal/Trifocal/Lenticula	\$25 copay	\$30/\$50/\$65/\$100
Frequency	Once every calendar year	Once every calendar year
Progressive Lenses	Covered in Full	N/A
Anti-Reflective Coating	Average discount of 20%-25% off lens option	N/A
Polycarbonate Lenses for Children	Covered in Full	N/A
Frames*		
	Network Cost	Non-Network Allowance
Retail Frame Allowance	\$150	\$70
Frequency	Once every other calendar year	Once every other calendar year
Contact Lenses*		
	Network Cost	Non-Network Allowance
Medically Necessary	\$25 copay	\$210 allowance
Elective	\$150 allowance	\$105 allowance
Frequency	Once every calendar year	Once every calendar year

This dental option is offered with Option A-E, Premium Plus, and Option HDHP.

**You can use your annual allowance for glasses or contact lenses. However, you can't buy both in a single year unless you pay out of pocket.*

Legal Disclaimer

This document is a brief outline of benefits provided by the Concordia Health Plan option referenced above. While every effort has been made to provide accurate information, please refer to the CHP official plan document and the appropriate CHP Schedule for more detailed information.