



DIRECT DENTAL PLANS OF AMERICA, INC.

**OPTICAL EXAM AND DISPENSING FEE SCHEDULE**

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<b>EXAMINATIONS</b>	
<b>Description</b>	<b>DDP Member Out-Of-Pocket</b>
Examinations for Eye Glasses	\$7.00 Less Than Provider Customary Pricing
Examinations for Contact Lenses	\$12.00 Less Than Provider Customary Pricing
<b>LENSES - PLASTIC</b>	
<b>Description</b>	<b>DDP Member Out-Of-Pocket</b>
Single Vision	\$42.00
Bifocals (FT25-28)	\$74.00
Trifocals (FT25-28)	\$79.00
Progressive No-Line Bifocals	\$95.00
Deluxe Progressive	\$150.00
Premium Progressive	\$190.00
Platinum Progressive	\$249.00
Polycarbonate Lenses	\$64.00
<b>DISPENSING OPTIONS</b>	
<b>Description</b>	<b>DDP Member Out-Of-Pocket</b>
Anti-Reflective Coating	\$48.00
Gradient Tint	\$22.00
Plus or Minus 400 Sph - 2 Cyl	\$2.00 per diapter/per lens
Solid Tint	\$8.00
Transition Lenses	\$78.00
<b>DISPENSING &amp; EXAM OPTIONS AT NO CHARGE</b>	
<b>Description</b>	<b>DDP Member Out-Of-Pocket</b>
Scratch-Resistant Coating	\$0.00
UV Coating	\$0.00
Adjustments	\$0.00
Ultra-Sonic Cleaning	\$0.00
Standard Carrying Case	\$0.00
<b>FRAMES / CONTACTS</b>	
<b>Description</b>	<b>DDP Member Saves</b>
Basic Frames	40% off Retail Price
Designer / Luxury Frames	20% off Retail Price
Contacts	20% off Retail Price
<b><u>Additional Information - Stipulations - Exclusions</u></b>	
<ul style="list-style-type: none"> <li>• DDP Fee Schedule only valid through DDP participating providers and payments are made directly to the provider when services are rendered.</li> <li>• All other charges for services not listed shall be a 20% reduction from the Provider's customary or standard fee.</li> <li>• Consult with your participating provider prior to beginning any treatment.</li> </ul>	