



DIRECT DENTAL PLANS OF AMERICA, INC.

OPTICAL EXAM AND DISPENSING FEE SCHEDULE

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EXAMINATIONS	
Description	DDP Member Out-Of-Pocket
Examinations for Eye Glasses	\$7.00 Less Than Provider Customary Pricing
Examinations for Contact Lenses	\$12.00 Less Than Provider Customary Pricing
LENSES - PLASTIC	
Description	DDP Member Out-Of-Pocket
Single Vision	\$34.00
Bifocals (FT25-28)	\$55.00
Trifocals (FT25-28)	\$67.00
Progressive No-Line Bifocals	\$89.00
Premium Progressive	\$130.00
Polycarbonate Lenses	\$64.00
DISPENSING OPTIONS	
Description	DDP Member Out-Of-Pocket
Anti-Reflective Coating	\$38.00
Gradient Tint	\$10.00
Photochromic (Glass Lenses Only)	\$14.00
Plus or Minus 400 Sph - 2 Cyl	\$2.00 per diapter/per lens
Solid Tint	\$8.00
Transition Lenses	\$55.00
DISPENSING & EXAM OPTIONS AT NO CHARGE	
Description	DDP Member Out-Of-Pocket
Scratch-Resistant Coating	\$0.00
UV Coating	\$0.00
Adjustments	\$0.00
Ultra-Sonic Cleaning	\$0.00
Standard Carrying Case	\$0.00
FRAMES / CONTACTS	
Description	DDP Member Saves
Frames Priced Up to \$72.00	50% off Retail Price
Frames Priced Over \$72.01	40% off Retail Price
Contacts	20% off Retail Price
Additional Information - Stipulations - Exclusions	
<ul style="list-style-type: none"> • DDP Fee Schedule only valid through DDP participating providers and payments are made directly to the provider when services are rendered. • All other charges for services not listed shall be a 20% reduction from the Provider's customary or standard fee. • Consult with your participating provider prior to beginning any treatment. 	

