



Macomb County Vision Plan

	In Network	Out-of-Network Reimbursement¹
Examination Frequency	12 months Covered in Full	12 months \$65
Basic Lenses (Plastic/Glass) Frequency	12 months	12 months
Single Vision Lenses	Covered in Full	\$59
Bifocal Lenses	Covered in Full	\$79
Trifocal Lenses	Covered in Full	\$99
Standard Progressive Lenses	Covered in Full	\$99
Special Lenses (Lenticular, etc.)	Covered in Full	\$99
Solid Tints 1&2	Covered in Full	\$0
Lens Options	20% Discount	\$0
Frames Frequency	12 months	12 months
Standard	Covered in Full	\$65
Designer	\$80 allowance	\$65
Contact Lenses Frequency	12 months	12 months
Medically Necessary Lenses	Covered in Full	\$210 allowance*
Elective Lenses	\$80 allowance	\$105 allowance*
		*including exam

¹ Out-of-network services must be paid in full by contract holder before submitting to SVS for reimbursement

Claim form and receipt must be submitted to:
 Single Vision Solution
 Vision Care Program
 P.O. Box 464
 Mt. Clemens, MI 48046-0464

Customer Service and Vision Eligibility: 1-800-225-3095