

**EXHIBIT A**  
 Amendment to  
**Participating Provider Agreement**  
**SCHEDULE OF VISION CARE SERVICE FEES**  
**Access Vision Network**

This Schedule of Vision Care Service Fees for Members shall be attached as page one of Exhibit A to the Participating Vision Agreement (the "Agreement") dated \_\_\_\_\_, 20\_\_\_\_, by and between Access Vision Network and \_\_\_\_\_ ("Provider"). Provider shall provide vision care services to Members with benefits for the following fees in accordance with the following terms and conditions.

**EXAMINATIONS**

Examination	10% off retail
Contact Lens Examination	10% off retail
Comprehensive Examination	10% off retail

**FRAMES**

Frames	35% off retail
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**LENSES**

Single Vision	\$50
Bifocal round seg ft. 25, 28	\$70
Bifocal round, ft. 35 exec. Blended	\$80
Progressive Bifocals (unspecified brand)	\$120
Trifocal 7/28	\$95
Trifocal 8/35	\$100

**SPECTACLE LENS ADD ONS  
(PER PAIR)**

Ultra Violet	\$15
Anti-Reflective	\$48
Fashion Tint	\$10
Gradient Tint	\$16
Photochromatic	\$25
Scratch Coat	\$15
Roll & Polish Edges	\$8
Polycarbonate Single Vision	\$40
Polycarbonate ft. 25,28, 7/28 Trifocal	\$39
Transition Plus Single Vision	\$71
Transition Plus ft.28	\$77
Transition Plus 7/28 Trifocal Progressive	\$75
High Index Plastic Standard – 1.56	\$42
High Index Plastic Deluxe – 1.60	\$50
Glass Lenses – single vision	\$10
Glass Lenses – Bifocal Lenses	\$12
All other lens add ons not listed	20% off retail

**CONTACT LENSES**

Regular Contact Lenses	20% off retail
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**SUNGLASSES**

Non-Prescription Sunglasses	20% off retail
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For prescription sunglasses, please see discounts for frames and lenses. Sunglass tint will be charged at providers' retail rate.

*All discounts will be off regular, non-sale retail price. If sale price is lower than plan discount price, sale price must be honored.*

**CHARGES TO MEMBERS**

Provider shall charge Members no more than the fee schedule rates listed above for listed vision care services. Providers may require Members to pay for vision care services in accordance with the Agreement at the time service is rendered. Provider is not obligated to charge Members any specified rates for vision service performed by Provider after Member's membership in Access Vision Network is terminated.

**WHEN MEMBERS HAVE A VISION INSURANCE PLAN.**

In accordance with Section 2.02 of the Agreement, Provider shall provide vision care services at the rates required in the Agreement to persons insured by self-insured groups or insurance companies.

**Initial and return**

Initial: \_\_\_\_\_ Initial: \_\_\_\_\_  
 Vision Provider                      Access Vision Network



4929 W. Royal Lane, Suite 200  
 Irving, Texas 75063

In California, eye exams, contact lens exams, fitting fee and all other professional services are not included in the plan and are not entitled to the discount.