

## BTF/SBF OPTICAL PLAN PAYMENT SCHEDULE

*Below find the rates of reimbursement for both eligible teacher members and their spouses and dependent children. If you have any questions, please contact the Supplement Benefit Fund Office at (716) 881-5462.*

	<u>Teacher Member</u>	<u>Spouse &amp; Dependents</u>
Eye Examination	\$50.00	\$35.00
	<u>1<sup>st</sup> and 2<sup>nd</sup> Service Rate</u>	<u>1<sup>st</sup> and 2<sup>nd</sup> Service Rate</u>
Frames	\$55.00	\$45.00
Single Vision Lenses	\$50.00	\$40.00
Bifocal Lenses	\$55.00	\$40.00
Trifocal Lenses	\$75.00	\$55.00
Progressive Lenses	\$85.00	\$60.00
High Index/Polycarbonate	\$50.00	\$35.00
UV 400 / Ultraviolet Rays	\$18.00	\$15.00
Anti-Reflective Coating	\$23.00	\$18.00
Transition Lenses	\$23.00	\$19.00
Polarized Lenses (Must be Prescription Lenses)	\$23.00	\$19.00
Prism Lenses	\$6.00	\$6.00
Blue Light Lenses	\$18.00	\$15.00
Contact Lenses	\$95.00	\$60.00

**\*\* THE RATES ABOVE ARE EFFECTIVE ON ALL SERVICES PERFORMED ON OR  
AFTER FEBRUARY 1, 2024 \*\***