



PLAN BENEFITS

Employer Paid – Multiple Network – Plan Design – 130

ALHAMBRA ELEMENTARY SCHOOL DISTRICT #30000

	Examination	Spectacle Lenses	Frame	Contact Lenses
Benefit Frequency	24 Months	24 Months	24 Months	24 Months

Schedule of Benefits	Nationwide Vision Network	SightCare Provider Network	Out-of-Network
Provider Network Options			
Eye Examination Eyeglass or Contact Lens Contact Lens Fitting Ancillary Testing – Exams Dilation (If necessary) Visual Field Testing	No Copay: \$0 Covered 100% (When used with Contact Lens Benefit) Covered 100% Copay: \$12 Copay	No Copay: \$0 Covered 100% See Contact Lens Section Covered 100% 20% Discount	Up to \$35 See Contact Lens Section See Exam Allowance Not Covered
Frame Benefit (Based on Retail Allowance)	No Copay: \$0 for Materials Benefit: Up to \$130 Then 20% Discount	Copay: \$10 for Materials Benefit: Up to \$130 (Wal-Mart & Sam's Club \$65 frame allowance)	Benefit: Up to \$45
Standard Lenses (CR39) <u>Standard Lenses (Pair)</u> <ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal • Lenticular • Progressive (Standard) • Progressive (All others) <u>Lens Options</u> UV & Tint Polycarbonate (Under 18 yrs.) Other Lens Options	No Copay: \$0 for Materials <ul style="list-style-type: none"> • 100% Covered • 100% Covered • 100% Covered • 100% Covered • \$30 Co-Pay • Up to \$79.99 then 20% off 100% Covered 100% Covered 20% Discount	<ul style="list-style-type: none"> • 100% Covered • 100% Covered • 100% Covered • 100% Covered • 20% Discount • 20%Discount 20% Discount 20% Discount 20% Discount	<ul style="list-style-type: none"> • Up to \$25 • Up to \$40 • Up to \$50 • Up to \$50 • Bifocal Allowance • Bifocal Allowance Not Covered Not Covered Not Covered
In Lieu of Frame & Spectacle Lenses			
Contact Lenses Elective/Cosmetic Medically Necessary	No Copay: \$0 for Materials Up to \$130 Up to \$250	No Copay: \$0 for Materials \$130 for Contact Lenses & Fitting Fees Up to \$250	\$100 Allowance towards Contact Lenses & Fitting Fees Up to \$100
Additional Discounts Offered			
Second Pair Purchases Replacement Contact Lenses Disposable Conventional	25% Discount on Frames, Lenses & Options 10% Discount 20% Discount	Not Covered 10% Discount 20% Discount	Not Covered Not Covered Not Covered
Notations: Wal-Mart/Sam's Club = Does not offer any additional discounts on their already low prices. Provider Network: Nationwide Vision <u>or</u> SightCare Provider Network <u>or</u> Out of Network Allowance Out-of-Network Allowance: Member must pay first and submit receipts to SightCare for reimbursement within 6 months from date of service			