



PLAN BENEFITS

Voluntary Vision – Multiple Network – Plan Design – 130

ALHAMBRA ELEMENTARY SCHOOL DISTRICT #30010

Benefit Frequency				
	Examination	Spectacle Lenses	Frame	Contact Lenses
Benefit Frequency	12 Months	12 Months	12 Months	12 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 -Visual Field Testing	- No Copay: \$0 -Covered 100% (When used with Contact Lens Benefit) -Covered 100% -Copay-\$12	-Copay: \$10 -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)	-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
<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> -Polycarbonate (under 18) -UV & Tint -Other Lens Options	<ul style="list-style-type: none"> • 100% Covered • 100% Covered • 100% Covered • 100% Covered • \$30 CoPay • \$79.99 allowance¹ ¹ Then 20% discount 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 -Up to \$130 -Up to \$250	Copay: \$10 for Materials -\$130 for Lenses & Fitting Fees -Up to \$250	-\$100 Allowance towards Contact Lenses & Fitting Fee -Up to \$100
In Lieu of Exam, Eyeglasses (Frame & Lenses), or Contact Lenses			
LASIK Benefit	-Up to \$150	-Not Covered	-Not Covered
Additional Discounts Offered			
Second Pair Purchases Replacement Contact Lenses -Disposable -Conventional	-25% Discount on Frames, Lenses & Options -10% Discount -20% Discount	-Not Covered -Not Covered -Not Covered	-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 LASIK Benefit: Through Nationwide Vision Laser and Eye Center Exclusively Out-of-Network Allowance: Member must pay first and submit receipts to SightCare for reimbursement			