

# Vision Plan: 2021-2022

Murray City School District offers the following vision plan through Opticare Vision Services:

Opticare 0-10-110C+ Plan			
	Select Preferred Network	Broad Preferred Network	Non Network
Eye Exam	Once Every 12 Months		
Eyeglass and Contact Exam	Covered 100%	\$10 Co-pay	\$45 Allowance
Routine Dilation	Covered 100%	Covered 100%	Included Above †
Contact Fitting	Covered 100%	Retail	Included Above †
Lenses	Once Every 12 Months		
Plastic Single Vision, Bifocal, and Trifocal	Covered 100%	\$10 Co-pay	\$85 Allowance for Lenses, Options and Coatings †
Progressive Lenses (Standard No-Line)	\$10 Co-pay	\$50 Co-pay	
Premium Progressive Options	\$80 Co-pay	\$100 Co-pay	
Polycarbonate	\$20 Co-pay	\$40 Co-pay	
High Index	\$80 Co-pay	Up to 25% Discount	
Coatings			
Scratch Resistant Coating	Covered 100%	\$10 Co-pay	
Ultraviolet Filter	Covered 100%	\$10 Co-pay	
Anti-Reflective Coating	\$40 Co-pay	\$45 Co-pay	
Other Options: Edge Polish, Tints, Mirrors, etc.	Up to 25% Discount	Up to 25% Discount	
Frames	Once Every 12 Months		
Allowance based on retail pricing	\$110 Allowance	\$100 Allowance	\$70 Allowance †
Back-Up or Multiple Pairs of Glasses *	Once Every 12 Months		
	Up to 50% Discount	Up to 50% Discount	Not Covered
Contacts (In Lieu of Glasses)	Once Every 12 Months		
Benefit Allowance	\$110 Allowance	\$100 Allowance	\$80 Allowance †
Additional Contact Purchases:			
Conventional **	Retail	Retail	
Disposable **	Retail	Retail	
<b>Coverage Type</b>	<b>Opticare 0-10-110C+ Plan Employee Semi-Monthly Rates</b>		
Single	\$2.66		
Two-Party	\$4.96		
Family	\$5.97		

**Refractive Surgery (LASIK) - 20% Discount Off Retail** - LASIK services are not an insured benefit - this is a discount only. All pre & post operative care is provided by Standard Optical Only and is based on Standard Optical retail fees.

**Discounts** - Any item listed as a discount in the benefit outline is a merchandise discount only and not an insured benefit. Providers may offer additional discounts.

\* 50% Discount varies by provider. Refer to provider for details.

\*\* Must purchase full year supply to receive discounts on select brands. See provider for details.

† Non Network (Out of Network) benefit may not be combined with promotional items. Online purchases at approved providers only.

For a complete description of benefits, limitations, and exclusions, consult your Summary Plan Description, available from Human Resources or at [www.opticarevisionservices.com](http://www.opticarevisionservices.com) or call 1-800-363-0950.