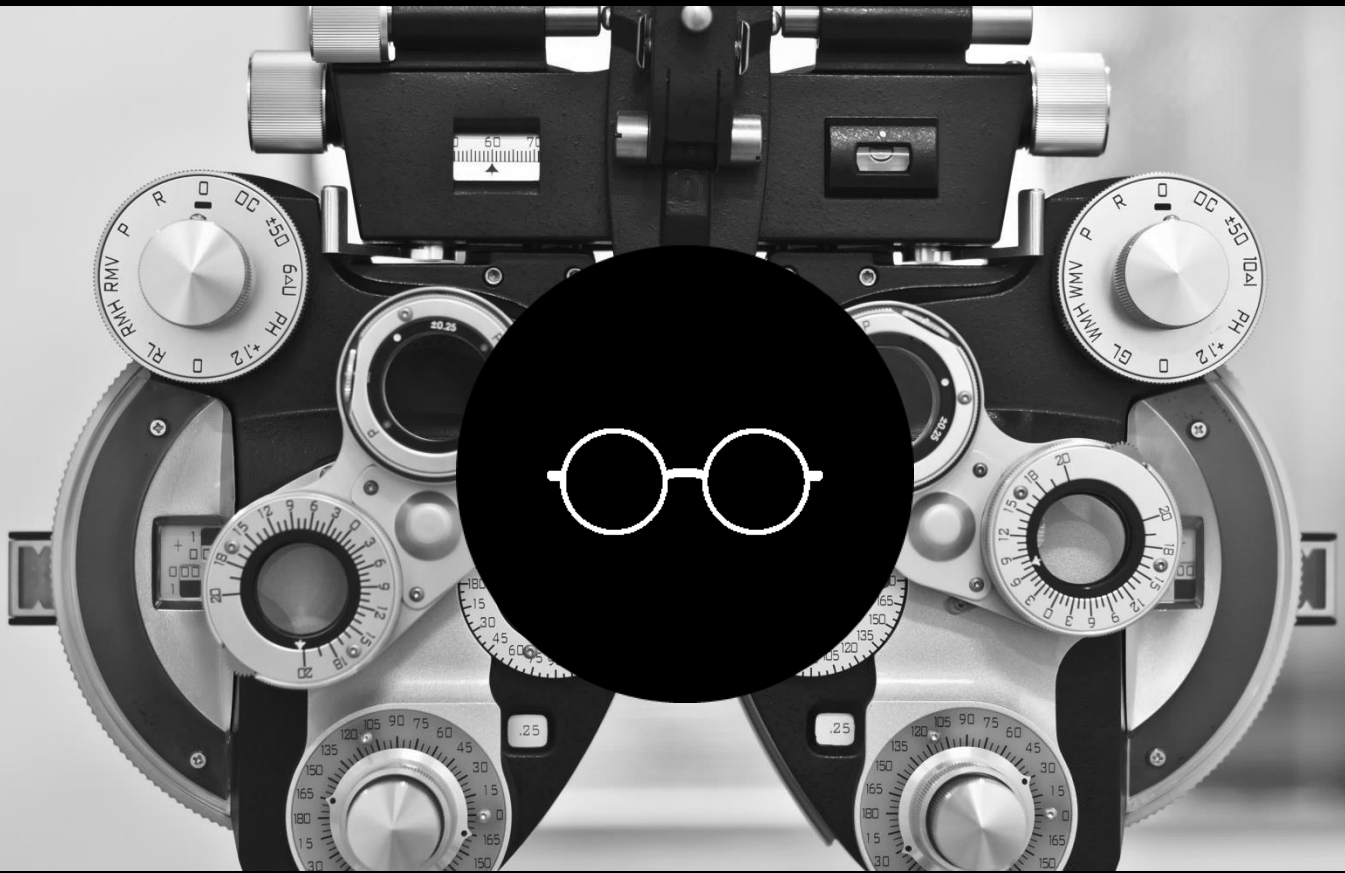


# Vision

Opticare





# Opticare Plan: 70C

<b>Cache County School District</b>	<b>Select Network</b>	<b>Broad Network</b>	<b>Out-of-network</b>
<b>Eye Exam</b>			
No Eye Examination Benefit			
<b>Standard Plastic Lenses</b>			
Single Vision	100% Covered	\$20 Co-pay	◆\$70 Allowance for lenses, options, and coatings
Bifocal (FT 28)	100% Covered	\$20 Co-pay	
Trifocal (FT 7x28)	100% Covered	\$20 Co-pay	
<b>Lens Options</b>			
Progressive ( <i>Standard plastic no-line</i> )	\$50 Co-pay	\$75 Co-pay	
Premium Progressive Options	\$100 Co-pay	\$125 Co-pay	
Ultra Premium Progressive Options	Up to 20% Discount	Up to 20% Discount	
Polycarbonate	\$40 Co-pay	25% Discount	
High Index	\$80 Co-pay	25% Discount	
<b>Coatings</b>			
Scratch Resistant Coating	100% Covered	\$10 Co-pay	
Ultra Violet protection	100% Covered	\$10 Co-pay	
Other Options <i>A/R, edge polish, tints, mirrors, etc.</i>	Up to 25% Discount	Up to 25% Discount	
<b>Frames</b>			
Allowance Based on Retail Pricing	*\$70 Allowance	*\$60 Allowance	◆\$50 Allowance
<b>Additional Eyewear</b>			
** <b>Additional Pairs of Glasses Throughout the Year</b>	Up to 50% Off Retail	Up to 25% Off Retail	
<b>Contacts</b>			
<i>Contact benefits is in lieu Of lens and frame benefit.</i>	\$70 Allowance	\$60 Allowance	◆\$50 Allowance
<b>Additional contact purchases:</b>			
***Conventional	Up to 20% off	Retail	
***Disposables	Up to 10% off	Retail	
<b>Frequency</b>			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
<b>Refractive Surgery</b>			
****LASIK	\$250 Off Per Eye	Not Covered	Not Covered

### Discounts

Any item listed as a discount is a merchandise discount only and not an insured benefit. Discounts vary by providers, see provider for details

\*Up to 20% Discount off balance above Frame Allowance

\*\* 50% discount varies by provider, ask provider for details.

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

\*\*\*\* **LASIK (Refractive surgery) Standard Optical Locations ONLY.** 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.

◆ **Out of Network** – Out of Network benefit may not be combined with promotional items. Online purchases at approved providers only.



# Opticare Plan: 120C

<b>Cache County School District</b>	<b>Select Network</b>	<b>Broad Network</b>	<b>Out-of-network</b>
<b>Eye Exam</b>			
No Exam Benefit			
<b>Standard Plastic Lenses</b>			
Single Vision	100% Covered	\$10 Co-pay	◆\$85 Allowance for lenses, options, and coatings
Bifocal (FT 28)	100% Covered	\$10 Co-pay	
Trifocal (FT 7x28)	100% Covered	\$10 Co-pay	
<b>Lens Options</b>			
Progressive ( <i>Standard plastic no-line</i> )	\$30 Co-pay	\$50 Co-pay	
Premium Progressive Options	\$80 Co-pay	\$100 Co-pay	
Ultra Premium Progressive Options	Up to 20% Discount	Up to 20% Discount	
Polycarbonate	\$40 Co-pay	25% Discount	
High Index	\$80 Co-pay	25% Discount	
<b>Coatings</b>			
Scratch Resistant Coating	100% Covered	\$10 Co-pay	
Ultra Violet protection	100% Covered	\$10 Co-pay	
Other Options <i>A/R, edge polish, tints, mirrors, etc.</i>	Up to 25% Discount	Up to 25% Discount	
<b>Frames</b>			
Allowance Based on Retail Pricing	*\$120 Allowance	*\$100 Allowance	◆\$80 Allowance
<b>Additional Eyewear</b>			
**Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	Up to 25% Off Retail	
<b>Contacts</b>			
Contact benefits is in lieu Of lens and frame benefit.	\$120 Allowance	\$100 Allowance	◆\$80 Allowance
<b>Additional contact purchases:</b>			
***Conventional	Up to 20% off	Retail	
***Disposables	Up to 10% off	Retail	
<b>Frequency</b>			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
<b>Refractive Surgery</b>			
LASIK	\$250 Off Per Eye	Not Covered	Not Covered

**Discounts**

Any item listed as a discount is a merchandise discount only and not an insured benefit. Discounts vary by providers, see provider for details

\*Up to 20% Discount off balance above Frame Allowance

\*\* 50% discount varies by provider, ask provider for details.

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

\*\*\*\* **LASIK (Refractive surgery) Standard Optical Locations ONLY.** 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.

◆ **Out of Network** – Out of Network benefit may not be combined with promotional items. Online purchases at approved providers only.