

MARICOPA UNIFIED SCHOOL DISTRICT #20

SightCare – Plan Benefits

Voluntary Vision – Broad Network - Plan Design – 130

Benefit Frequency

	Examination	Spectacle Lenses	Frame	Contact Lenses
Benefit Frequency	12 Months	12 Months	12 Months	12 Months

Provider Network Options

Schedule of Benefits	Nationwide Vision Network	SightCare Provider Network	Out-Of-Network
Eye Examination Eyeglass or Contact Lens Contact Lens Fitting Fees Ancillary Testing - Exams Dilation Visual Fields Testing	No CoPay Covered 100% (When used with the CL Benefit) Covered 100% \$ 9 CoPay	\$ 10 CoPay See CL's Section Covered 100% 20% Discount*	\$ 35 See CL's Section See Exam Allowance Not Covered
Frame Benefit (Based On Retail Allowance)	\$ 0 Material CoPay Up to \$ 130 (*Then 20% Discount)	\$ 0 Material CoPay Up to \$ 130 Up to \$68 at Wal-Mart/Sam's Club	Up to \$ 45
Standard Lenses (pair) Single Vision Bifocal Trifocal Lenticular Progressive (standard) All Other Progressives	100% Covered 100% Covered 100% Covered 100% Covered \$ 30 CoPay \$ 79.99 Allowance** (**Then 20% Discount)	100% Covered 100% Covered 100% Covered 100% Covered \$ 50 Allowance ** \$ 50 Allowance ** (** Then 20% Discount)	Up to \$ 25 Up to \$ 40 Up to \$ 50 Up to \$ 80 Bifocal Allowance Bifocal Allowance
Lens Options Polycarbonate (Under 18) Lens Options	100% Covered 20% Discount	Not Covered 20% Discount*	Not Covered Not Covered
In Lieu of Frame & Spectacle Lenses			
Contact Lenses Elective/Cosmetic Medical Necessary	\$ 0 Material CoPay Up to \$ 130 Up to \$ 250	\$0 Material CoPay \$ 130 For CL's & Fitting Fee Up to \$ 250	\$ 130 Allowance Towards CL's & Fitting Fee Up to \$ 250
In Lieu of Exam , Eyeglasses (frame & lenses) or Contact Lenses			
LASIK Benefit	Up to \$ 200 (\$ 100 per eye)	Not Covered	Not Covered
Additional Discounts Offered			
Second Pair Purchases Replacement Contacts Disposable Conventional	25% Discount 10% Discount 20% Discount	Not Covered Not Covered Not Covered	Not Covered Not Covered Not Covered

Notations:

Provider Network: Nationwide Vision or SightCare Provider Network or Out of Network Allowance

LASIK Benefit: Through Nationwide Vision Laser and Eye Center Exclusively

Out-of-Network Allowance: Member must pay first and then submit receipts to SightCare to be reimbursed

Wal-Mart/Sam's Club: Does not offer any discounts on their already low prices.