

Vision Plan: 2021-2022

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

Opticare 0-10-140C+ Plan			
	Select Preferred Network	Broad Preferred Network	Non Network
Once Every 12 Months			
Eye Exam			
Eyeglass and Contact Exam	Covered 100%	\$10 Co-pay	\$45 Allowance
Routine Dilation	Covered 100%	Retail	Included Above †
Contact Fitting	Covered 100%	Retail	Included Above †
Once Every 12 Months			
Lenses			
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	
Once Every 12 Months			
Frames			
Allowance based on retail pricing	\$140 Allowance ¥	\$130 Allowance ¥	\$85 Allowance †
Once Every 12 Months			
Back-Up or Multiple Pairs of Glasses *			
	Up to 50% Discount	Up to 50% Discount	Not Covered
Once Every 12 Months			
Contacts (In Lieu of Glasses)			
Benefit Allowance	\$140 Allowance	\$130 Allowance	\$105 Allowance †
Additional Contact Purchases			
Conventional **	Retail	Retail	
Disposable **	Retail	Retail	
Coverage Type Opticare 0-10-140C+ Plan Employee Semi-Monthly Rates			
Single		\$5.39	
Two-Party		\$9.56	
Family		\$11.28	

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.

¥ Up to 20% Discount off balance above frame allowance.

† 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 or call 1-800-363-0950.