



Employer Paid Custom Broad Network 130

## Alhambra Elementary School Core#30000

Benefit Frequency				
	Examination	Spectacle Lenses	Frame	Contact Lenses
Benefit Frequency	24 Months	24 Months	24 Months	24 Months

Schedule of Benefits	Nationwide Vision Network	SightCare Provider Network	Out-of-Network
Provider Network Options			
<b>Eye Examination</b> Eyeglass or Contact Lens Contact Lens Fitting  <b>Ancillary Testing – Exams</b> Dilation (If necessary) Visual Field Testing	<b>Copay: \$0</b> Covered 100% (When used with Contact Lens Benefit)  Covered 100% <b>Copay: \$12</b>	<b>Copay: \$0</b> See Contact Lens Section  Covered 100% 20% Discount*	Up to \$35 See Contact Lens Section  See Exam Allowance Not Covered
<b>Frame Benefit</b> (Based on Retail Allowance)	<b>Copay: \$0 for Materials</b> Benefit: Up to \$150 then 20% discount	<b>Copay: \$10 for Materials</b> Benefit: Up to \$150 Benefit: Up to \$74 Wal-Mart/Sam's Club	Benefit: Up to \$45
<b>Standard Lenses (CR39)</b> <u>Standard Lenses (Pair)</u> <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> <li>• Progressive (Standard)</li> <li>• Progressive (All others)</li> </ul> <u>Lens Options</u> Polycarbonate (Under 18 yrs.) UV & Tint Other Lens Options	<ul style="list-style-type: none"> <li>• 100% Covered</li> <li>• 100% Covered</li> <li>• 100% Covered</li> <li>• 100% Covered</li> <li>• 100% Covered</li> <li>• \$30 CoPay</li> <li>• \$79.99 allowance<sup>1</sup></li> </ul> <sup>1</sup> Then 20% discount  100% Covered 100% Covered 20% Discount	<ul style="list-style-type: none"> <li>• 100% Covered</li> <li>• 100% Covered</li> <li>• 100% Covered</li> <li>• 100% Covered</li> <li>• 100% Covered</li> <li>• \$50 Allowance</li> <li>• \$50 Allowance</li> </ul> <sup>1</sup> Then 20% discount*  20% Discount 20% Discount* 20% Discount	<ul style="list-style-type: none"> <li>• Up to \$25</li> <li>• Up to \$40</li> <li>• Up to \$50</li> <li>• Up to \$50</li> <li>• Up to \$50</li> <li>• Bifocal Allowance</li> <li>• Bifocal Allowance</li> </ul>  Not Covered Not Covered Not Covered
In Lieu of Frame & Spectacle Lenses			
<b>Contact Lenses</b>  Elective/Cosmetic  Medically Necessary	<b>Copay: \$0 for Materials</b>  \$150 for Contact  Up to \$250	<b>Copay: \$10 for Materials</b>  \$150 for Contact Lenses & Fitting Fees  Up to \$250	\$100 Allowance towards Contact Lenses & Fitting Fees  Up to \$100
Additional Discounts Offered			
<b>Second Pair Purchases</b> <b>Replacement Contact Lenses</b> Disposable Conventional	25% Discount  10% Discount 20% Discount	Not Covered  Not Covered Not Covered	Not Covered  Not Covered Not Covered
<b>Notations:</b> <b>Provider Network:</b> Nationwide Vision <b>or</b> SightCare Provider Network <b>or</b> Out of Network Allowance <b>Out-of-Network Allowance:</b> Member must pay first and submit receipts to SightCare for reimbursement within 6 months from date of service <b>Elective Contacts:</b> When vision can be corrected by glasses, but contacts are worn <b>Medically Necessary Contacts:</b> When vision can't be corrected with glasses due to extreme vision problems <b>*Wal-Mart &amp; Sam's Club: Doesn't</b> offer any discounts on their already low prices.			