



OPG • BENEFITS

Clarenceville School District

Vision Plan

All Employees

		In-Network	In-Network	In-Network
VISION EXAM		\$28.50 Copay	\$6 Copay	\$6.50 Copay
LENSES		\$29 Copay	\$18 Copay	\$18 Copay
FRAME		\$65 Allowance	\$130 Allowance	\$65 Allowance
CONTACT LENSES		\$90 Allowance for Elective \$0 Copay for medically necessary	\$110 Allowance for Elective \$0 Copay for medically necessary	\$90 Allowance for Elective \$0 Copay for medically necessary
EXAM FREQUENCY		Once every 12 months	Once every 12 months	Once every 12 months
LENS FREQUENCY		Once every 12 months	Once every 12 months	Once every 12 months
FRAME FREQUENCY		Once every 12 months	Once every 12 months	Once every 12 months
NETWORK		VSP	EyeMed	NVA
FUNDING ARRANGEMENT		Fully Insured	Fully Insured	Fully Insured
RATE GUARANTEE		12 months	48 months	48 months
Single	42	\$5.34	\$5.79	\$4.71
Two Person	22	\$11.49	\$11.00	\$10.13
Family	93	\$17.28	\$16.16	\$15.24
<b>Monthly Total:</b>		<b>\$2,084.10</b>	<b>\$1,988.06</b>	<b>\$1,838.00</b>
<b>Annual Total:</b>		<b>\$25,009.20</b>	<b>\$23,856.72</b>	<b>\$22,056.00</b>
<b>% Savings:</b>				
<b>Annual Savings:</b>				

Please note:

- Rates quoted are based on the latest information provided by the District; all vendors reserve the right to re-rate based on actual enrollment.