## St Croix Central School District Eye Care Highlight Sheet

## Eye Exam, Lenses, Frames, Frequencies:

	Plan 1: Sharper Vision	
	VSP Choice Network & Affiliates	
Deductibles	\$10 Exam \$25 Eye Glass Lenses	No deductible
Annual Eye Exam Lenses (per pair)	Covered in full	Up to \$45
Single Vision Bifocal	Covered in full Covered in full	Up to \$30 Up to \$50
Trifocal Lenticular	Covered in full Covered in Full	Up to \$65 Up to \$100
Progressive Contacts	See lens options	NA NA
Fit & Follow Up Exams	Standard: Member cost up to \$60	No benefit
Elective	Up to \$130	Up to \$105
Medically Necessary Frames	Covered in full \$130	Up to \$210 Up to \$70
Frequencies (months) Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	

Lens Options (member cost)\*

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Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	
Std. Polycarbonate	Covered in full for dependent children. \$33 Adults.	
Scratch Resistant Coating	\$17 - \$33	
Anti-Reflective Coating	\$43 - \$85	
Ultraviolet Coating	\$16	
LASIK or PRK	VSP offers an average discount of 15% off or 5% off promotional offer for LASIK, Custom LASIK, or PRK. The maximum out-of-pocket per eye for members is \$1800 for LASIK and \$2300 for custom LASIK using Wavefront technology, and \$1500 for PKR. In order to receive the benefit, a VSP provider must coordinate the procedure.	

<sup>\*</sup>Lens Option member costs vary by prescription, option chosen and retail locations.

## **Customer Service**

Our Customer Relations Department is open from 7 am to midnight (CST) Monday through Thursday and 7 am to 6:30 pm (CST) on Fridays. You can call toll-free at 800-497-7044. Your claim forms can be faxed in to (402) 467-7336. We will be happy to answer any questions you may have regarding a specific claim you have filed or to answer questions about benefits for eye care procedures being considered.

## **RELIANCE STANDARD**

LIFE INSURANCE COMPANY

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