

ALVORD UNIFIED SCHOOL DISTRICT MANAGEMENT VISION PLAN COMPARISON				
PLAN	EYE MED		VSP	
NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
OPTOMETRIC EXAM	NO COST FOR PLUS PROVIDERS, OTHERWISE \$10	ANY COSTS OVER \$60	\$10 CO-PAY	
SINGLE VISION LENSES	NO COST	ANY COSTS OVER \$43	NO COST	
BIFOCAL LENSES	NO COST	ANY COSTS OVER \$60	NO COST	
TRIFOCAL LENSES	NO COST	ANY COSTS OVER \$75	NO COST	
PROGRESSIVE LENSES	NO COST FOR STANDARD, \$85-\$175 FOR PREMIUM	ANY COSTS OVER \$75	NO COST FOR STANDARD, \$90 CO-PAY FOR PREMIUM	
FRAMES	ANY COSTS OVER \$125	ANY COSTS OVER \$40	ANY COSTS OVER \$120	
CONTACT LENSES IN LIEU OF FRAMES	ANY COSTS OF \$175 FOR PLUS PROVIDERS, OTHERWISE ANY COSTS OVER \$125	ANY COSTS OVER \$125		
CONTACT LENSES IN ADDITION TO FRAMES	NOT COVERED	NOT COVERED	\$50 CO-PAY	NOT COVERED

FOOTNOTES:

1. AMOUNTS LISTED REPRESENT THE MEMBER'S COST AND ASSUME PRIOR AUTHORIZATION, IF NEEDED, HAS BEEN OBTAINED.
2. COVERAGE AMOUNT FOR FRAMES MAY BE LESS AT DISCOUNT/WAREHOUSE PROVIDERS.
3. SOME BENEFITS/SERVICES ARE RESTRICTED IN THEIR FREQUENCY.
4. THIS DOCUMENT IS INTENDED TO PROVIDE A HIGH LEVEL COMPARISON, AND DOES NOT ACCOUNT FOR EVERY POSSIBLE CHARGE. INSURANCE CARRIER MATERIALS COVER SHOULD ANY DISPARITY BETWEEN THIS SUMMARY AND THEIR DETAILED MATERIALS EXIST. FOR A COPY OF INSURANCE CARRIER MATERIALS, CONTACT THE BENEFITS DEPARTMENT.

REV. 5/5/2022