

PIPESTONE AREA SCHOOLS ISD #2689

Eye Care Highlight Sheet



Low Plan: Vision Perfect® Plan Summary

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|-----------------------------------|--|
| Deductibles | \$10 Calendar Year Eye Glass Lenses or Frames* |
| Maximum per benefit period | None |
| Annual Eye Exam | NA |
| Lenses (per pair) | |
| Single Vision | Up to \$40 |
| Bifocal | Up to \$60 |
| Trifocal | Up to \$75 |
| Lenticular | Up to \$80 |
| Progressive | Up to \$80 |
| Contacts | |
| Elective/Medically Necessary | Up to \$140 |
| Frame Allowance | \$100 |
| Frequencies (months) | |
| Lens/Frame | 12/24 |
| | Based on date of service*** |

*Deductible applies to the first service received

***Please submit claims within 90 days of the date of service so that the plan can consider benefits (subject to State requirements).

Monthly Rates

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|----------------------------------|---------|
| Employee Only (EE) | \$6.24 |
| EE + 1 Dependent | \$11.32 |
| EE + 2 or more Dependents | \$16.08 |

EyeMed Discounts (These discounts are not insurance.)

| | | |
|------------------------------------|---|--|
| Exam | \$5 off routine exam | LASIK or PRK Average discount of 15% off retail price, or 5% off promotional price through U.S. Laser Network. |
| with dilation as necessary | \$10 off contact lens exam | |
| Standard Plastic Lenses | | LIMITATIONS AND EXCLUSIONS These discounts from providers on the EyeMed Access Network are only available to groups who have a specific schedule/defined benefit eye care plan in place. The discounts may not be combined with any other discounts or promotional offers. Retail prices may vary by location. Discounts are not available for the following procedures, material or services. <ul style="list-style-type: none"> • Orthoptic or vision training, subnormal vision aids, and any associated supplement testing. • Medical and/or surgical treatment of the eye, eyes, or supporting structures. • Corrective eye wear required by an employer as a condition of employment, and safety eye wear unless specifically covered under the plan. • Services provided as a result of any Worker's Compensation law. • Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount). • EyeMed's providers' professional services or disposable contact lenses. • Two pairs of glasses in lieu of bifocal. |
| Single Vision | Member pays \$50 | |
| Bifocal | Member pays \$70 | |
| Trifocal | Member pays \$105 | |
| Frame | 35% off retail price with a complete pair of glasses (Items purchased separately - 20% off retail price) | |
| Standard Progressive Lenses | \$65 + Standard Plastic Lens cost | |
| Premium Progressive Lenses | 20% discount | |
| Standard Polycarbonate | Member pays \$40 | |
| Tint (Solid & Gradient) | Member pays \$15 | |
| Scratch Resistant Coating | Member pays \$15 | |
| Anti-Reflective Coating | Member pays \$45 | |
| Ultraviolet Coating | Member pays \$15 | |
| Other Add-Ons | 20% discount | |
| Contact Lenses | 15% off retail price (does not apply to fitting). After initial purchase, replacements by mail are offered at substantial savings via eyemedvisioncare.com. | |
| Conventional | | |