SPARTA AREA SCHOOLS OVERVIEW OF VISION BENEFITS TEACHERS

The Plan will allow charges for one vision examination and **either** one set of eyeglass frames and lenses **or** contact lenses (one pair of conventional contact lenses or a one-year supply of extended wear/disposable contact lenses) per covered individual every plan year.

wear/disposable contact lenses) per covered individual every plan year.	
Vision Exams	
 Optometrist 	\$10 co-payment per exam, then plan pays 100%*
 Ophthalmologist 	\$10 co-payment per exam, then plan pays 100%*
Spectacle Lenses (Pair)	
Single Vision	\$25 co-payment per set, then plan pays 100%*
Bifocal	\$25 co-payment per set, then plan pays 100%*
 Trifocal 	\$25 co-payment per set, then plan pays 100%*
Lenticular	\$25 co-payment per set, then plan pays 100%*
Lenses with photochromics; sun or	
gradient tints; tinted/color-coated; and	
Polaroid	
Single Vision	\$25 co-payment per set, then plan pays 100%*
Bifocal	\$25 co-payment per set, then plan pays 100%*
 Trifocal 	\$25 co-payment per set, then plan pays 100%*
Lenticular	\$25 co-payment per set, then plan pays 100%*
Lenses	
Oversize	\$25 co-payment per set, then plan pays 100%*
Rimless	\$25 co-payment per set, then plan pays 100%*
Frames	100% up to \$65
Contact Lenses (Pair, including exam)	
 Necessary 	100%
Cosmetic	\$90**

^{*}Reasonable and Customary (R&C) charges may apply. Subject to any limitations stated above, the plan will pay at the benefit percentage stated above if the participant's employment status is full-time. If the participant's employment status is less than full-time, the benefit percentage may be prorated according to the number of hours at work.

^{**} Charges for optically required contact lenses will not be subject to the above maximum benefit. For this purpose, "optically required" means a covered individual's vision is not correctable to 20/70 in the better eye with spectacle lenses, but can be corrected to at least 20/70 by the use of contact lenses.