

WILLIAM PENN SCHOOL DISTRICT



WILLIAM PENN SCHOOL DISTRICT VOLUNTARY VISION BENEFIT

Frequency Type: Last Date of Service	Employee	Spouse	Children
Vision Exam	12 months	12 months	12 months
Lenses	12 months	12 months	12 months
Frames	12 months	12 months	12 months

Benefits: Employee can select either	VBA Participating Provider Amount covered/Benefit	Out-of-Network Max reimbursement (zero copay)
Vision Exam (Glasses or Contacts)	Covered in Full	\$40
Retinal Screening with Exam	Copay not to exceed \$39	N/A
Clear Standard Lenses (Paid):		
Single Vision	Covered in Full	\$40
Bifocal	Covered in Full	\$60
Blended Bifocal	Covered in Full	\$60
Trifocal	Covered in Full	\$80
Basic, Standard & Premium 1-4 Progressives	Covered in Full	\$80
Lenticular	Covered in Full	\$120
Polycarbonate	Covered in Full for Persons Up to Age 19	N/A
Basic Scratch Coating	Covered in Full	N/A
Frame	Covered in Full	N/A
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	Up to \$300 A	\$300
Elective Fitting Fee and Evaluation	15% of UCR	
-OR-		
Medically Necessary Contacts		
	Covered in Full B	\$450
-AND-		
Lasik Surgery (once every 8 years)	N/A	\$250

Benefits and participation may vary by location, including but not limited to, Costco(R), Optical, Pearle Vision, LensCrafters(R), Target Optical(R), Eyeglass World(R), America's Best(R), Boscov'sTM Optical

- A.** Allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials.
- B.** Requires prior approval. May only be selected in lieu of other material benefits listed herein

COST PER EMPLOYEE PER MONTH

- Groups: WPEA, WPESPA & SSO premium costs as detailed below
- ACT 93 Administrators: Non-contributory benefit (replaces NVA plan)

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$12.99	\$24.68	\$25.33	\$33.77

