

CAESAR RODNEY SCHOOL DISTRICT
Eye Care Highlight Sheet



Plan 1: Focus® Plan Summary

	VSP Network	Out of Network
Deductibles	\$20 Exam	\$20 Exam
Annual Eye Exam	\$20 Eye Glass Lenses or Frames*	\$20 Eye Glass Lenses or Frames
Lenses (per pair)	Covered in full	Up to \$52
Single Vision	Covered in full	Up to \$55
Bifocal	Covered in full	Up to \$75
Trifocal	Covered in full	Up to \$95
Lenticular	Covered in full	Up to \$125
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	15% discount See Additional Focus Features.	No benefit
Elective	Up to \$150	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frames	\$150	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

Lens Options (member cost)*

	VSP Network	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Trifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
Solid Plastic Dye	\$25 adults	No benefit
Plastic Gradient Dye	\$13	No benefit
Photochromatic Lenses (Glass & Plastic)	(except Pink I & II) \$15	No benefit
Scratch Resistant Coating	\$27-\$76	No benefit
Anti-Reflective Coating	\$15-\$29	No benefit
Ultraviolet Coating	\$39-\$75	No benefit
	\$14	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

****** PLEASE NOTE - NO ID CARDS WILL BE ISSUED FROM AMERITAS.**
****** YOUR GROUP PLAN NUMBER IS 29055, THIS IS TO BE USED WHEN MAKING VISION APPOINTMENTS.**