

# Vision—Opticare of Utah

Opticare of Utah and Standard Optical are happy to announce \$1,000 off LASIK surgery (\$500 per eye) good at Standard Optical only. With Opticare of Utah you have the choice to use your benefits anywhere you want! It's important to remember vision insurance is a retail product, so it is very different from your dental and medical insurance. This means that it is important to shop around for the best price and the best eyewear suitable for your needs.

We give you options to shop anywhere you would like, so choose any of the three networks below to purchase your eyewear.

## Select Network

Any Standard Optical location. Pay nothing out-of-pocket for standard plastic lenses, scratch resistant coating & ultra violet protection. Pick a frame under \$70.00 and you now just received a pair of glasses and paid nothing out-of-pocket. Instead of glasses you prefer to wear contacts you pay nothing for anything under \$70.00. If you wear both glasses and contacts, it's best to use your contact lens benefit first and then receive up to 50% off unlimited backup pairs of eye glasses throughout the year (Standard Optical locations only). These benefits are every 12 months. LASIK discounts of \$500 off per eye (Standard Optical only).

## Broad Network

Any Shopko, Eye Masters, America's Best and over 45 Independent shops statewide. Standard plastic lenses have just a \$10 co-pay, and scratch resistant coating and ultra violet protection for just another \$20 co-pay. Pick a frame under \$60 and pay nothing out-of-pocket for that frame. You now just received a pair of glasses for \$30 in the Broad Network. Instead of glasses you prefer to wear contacts there is no cost for anything under \$60.00. If you wear both glasses and contacts, it's best to use your contact lens benefit first and then receive up to 25% off unlimited backup pairs of eye glasses throughout the year (Broad Network only). These benefits are every 12 months.

## Out of Network

Any provider not listed on the provider list is considered Out-of-Network (i.e. Wal-Mart, Costco, Sam's Club, etc.). So if you would like to purchase your eyewear somewhere not found on our provider list, that's fine. We will reimburse you directly. You can be reimbursed up to \$70 for any lens options, \$50 on frames or instead of glasses you prefer to wear contacts you will be reimbursed \$50 on contact lenses. Reimbursement form is found online at [www.opticareofutah.com](http://www.opticareofutah.com).

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**Remember for unlimited backup pairs of eyeglasses you can get up to 50% off within the Select (*Standard Optical locations only*) and up to 25% off within the Broad Network.**

Please see Summary of Benefits for more details on how the plan works. Feel free to go online for updated provider listings at [www.opticareofutah.com](http://www.opticareofutah.com).

Important NOTE: Eye exams are **NOT** covered under this voluntary vision insurance program. Rather an eye exam is covered under each of the District's medical insurance plans.



**Eye care is a critical part of overall health care.** An eye exam is more than just a means to prescription eyewear; regular comprehensive eye exams can give early detection to many eye and systemic diseases, lowering overall healthcare costs. Approximately 50% of the U.S. population requires corrective vision as well as 80% over the age of 45. Vision insurance is a vehicle to help fund the cost of these expenses.

# Vision—Coverage

	Select Network	Broad Network	Out-of-Network
<b>Eye Exams</b>			
No Eye Examination Benefit			
<b>Standard Plastic lenses</b>			
Single Vision	100% Covered	\$20 Co-pay	\$70 Allowance for lenses, options, and coatings
Bifocal (FT 28)	100% Covered	\$20 Co-pay	
Trifocal (FT 7x28)	100% Covered	\$20 Co-pay	
<b>Lens Options</b>			
*Progressive (Standard plastic no-line)	\$50 Co-pay	\$75 Co-pay	
**Premium Progressive Options	20% Discount	No Discount	
*Glass lenses	15% Discount	15% Discount	
Polycarbonate	\$40 Co-pay	25% Discount	
High Index	\$80 Co-pay	25% Discount	
<b>Coatings</b>			
Scratch Resistant Coating	100% Covered	\$10 Co-pay	
Ultra Violet protection	100% Covered	\$10 Co-pay	
Other Options	Up to 25%	Up to 25%	
A/R, edge polish, tints, mirrors, etc.			
<b>Frames</b>			
Allowance based on retail pricing	\$70 Allowance	\$60 Allowance	\$50 Allowance
<b>Additional Eyewear</b>			
***Additional pairs of glasses throughout the year	Up to 50% off retail	Up to 25% off retail	
<b>Contacts</b>			
Contact benefits is I lieu of lens and frame benefit.			
Additional contact purchases			
Conventional	Up to 20% off	Retail	
Disposables	Up to 10% off	Retail	
<b>Frequency</b>			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
<b>Refractive Surgery</b>			
Lasik	\$500 off per eye	Not Covered	Not Covered

\*Co-pays for progressive lenses may vary. This is a summary of plan benefits. The actual policy will detail all plan limitations and exclusions.

## Discounts

Any item listed as a discount in the benefit outline above is a merchandise discount only and not an insured benefit. Providers may offer additional discounts.

\*\* 50% discount at Standard Optical locations only. All other Network discounts vary from 20% - 35%.

\*\*\*Must purchase full year supply to receive discounts on select brands. See provider for details.

\*\*\*\***LASIK(Refractive surgery) Standard Optical Locations ONLY.** LASIK services are not an insured benefit – this is a discount only. All pre & post operative care is provided by Standard Optical only and is based on Standard Optical retail fees.

Out of Network—Allowances are reimbursed at 78% when discounts are applied to merchandise. Promotional items or online purchases not covered. For more information please visit [www.opticareofutah.com](http://www.opticareofutah.com) or call 800-363-0950.

