

# Broward County School Board

## Benefit Summary

<i>Improved Basic Plan</i>		
<b>BASIC PLAN BENEFITS</b>	<b>In-Network (After Copayments)</b>	<b>Out-of- Network (After Copayments)</b>
<b>Copayments</b>	Exam \$4 / Materials \$10	
<b>Exam</b> (every 12 months)	Paid In Full	Covered up to \$ 30
<b>Lenses</b> (every 12 months)		
<b>Single Vision</b>	Paid In Full	Covered up to \$ 20
<b>Bifocal</b>	Paid In Full	Covered up to \$ 40
<b>Trifocal</b>	Paid In Full	Covered up to \$ 60
<b>Lenticular</b>	Paid In Full	Covered up to \$100
<b>Progressive</b>	The following 4 progressive lenses are covered in full: Younger Image, Navigator, Super No line, and Fairvue. Any other progressive lenses will be charged as an extra item cost.	Covered up to \$ 78
<b>Contact Lenses</b> (every 12 months)		
<b>Elective Contact Lenses</b>	\$85 allowance for exam + lenses <sup>1</sup>	\$85 allowance for exam + lenses <sup>1</sup>
<b>Medically Necessary Contacts</b>	Paid In Full	\$150.00
<b>Frame</b> (every 12 months)	Covered up to \$28 wholesale allowance (equivalent to a \$55 to \$79 retail frame)	Covered up to \$45 retail
<b>Monthly Rates</b>	Employee only: No Cost Employee + one dependent: \$5.55 Employee + family: \$9.76	Paid by the School Board for employee only coverage
<b>Discounts</b>	<ul style="list-style-type: none"> <li>• 20% discount on second pair of eyeglasses<sup>2</sup></li> <li>• 15% discount on professional services fees for elective contact lenses (exam, fittings).<sup>2</sup></li> <li>• \$75 allowance toward Lasik surgery in lieu of all other annual benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Discounts do not apply</li> </ul>

<i>New Enhanced Plan</i>		
<b>ENHANCED PLAN BENEFITS</b>	<b>In-Network (After Copayments)</b>	<b>Out-of- Network (After Copayments)</b>
<b>Copayments</b>	Exam \$4 / Materials \$10	
<b>Exam</b> (every 12 months)	Paid In Full	Covered up to \$ 30
<b>Lenses</b> (every 12 months)		
<b>Single Vision</b>	Paid In Full	Covered up to \$ 25
<b>Bifocal</b>	Paid In Full	Covered up to \$ 40
<b>Trifocal</b>	Paid In Full	Covered up to \$ 60
<b>Lenticular</b>	Paid In Full	Covered up to \$100
<b>Progressive</b>	Extra Cost Item	Covered up to \$ 78
<b>Contact Lenses</b> (every 12 months)		
<b>Elective Contact Lenses</b>	\$120 allowance for exam + lenses <sup>1</sup>	\$120 allowance for exam + lenses <sup>1</sup>
<b>Medically Necessary Contacts</b>	Paid In Full - 6mo supply of simple fit contacts	\$150 allowance for exam + lenses
<b>Frame</b> (every 12 months)	Covered up to \$45 wholesale allowance (equivalent to a \$90 to \$112 retail frame)	Covered up to \$45 retail
<b>Monthly Rates</b>	Employee only: No Cost Employee + one dependent: \$6.34 Employee + family: 11.16	Paid by the School Board for employee only coverage
<b>Discounts</b>	<ul style="list-style-type: none"> <li>• 20% discount on second pair of eyeglasses<sup>2</sup></li> <li>• 15% discount on professional services fees for elective contact lenses (exam, fittings).<sup>2</sup></li> <li>• \$75 allowance toward Lasik surgery in lieu of all other annual benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Discounts do not apply</li> </ul>

<sup>1</sup>The contact lens allowance replaces all other benefits for the year. You can select either the contact lens allowance or other covered services (exam and glasses), but not both.

<sup>2</sup>These extras are available for 12 months after the covered eye exam from the VisionCare Plan network doctor who performs that initial exam.