

# ST. CROIX CENTRAL SCHOOL DISTRICT

## Eye Care Highlight Sheet

### Plan 1: Sharper Vision Plan Summary

Effective Date: 1/1/2024

|                                  | VSP Choice Network + Affiliates  | Out of Network                  |
|----------------------------------|----------------------------------|---------------------------------|
| <b>Deductibles</b>               |                                  |                                 |
|                                  | \$10 Exam                        | \$10 Exam                       |
|                                  | \$25 Eye Glass Lenses or Frames* | \$25 Eye Glass Lenses or Frames |
|                                  | Covered in full                  | Up to \$45                      |
| <b>Annual Eye Exam</b>           |                                  |                                 |
| <b>Lenses (per pair)</b>         |                                  |                                 |
| <b>Single Vision</b>             | Covered in full                  | Up to \$30                      |
| <b>Bifocal</b>                   | Covered in full                  | Up to \$50                      |
| <b>Trifocal</b>                  | Covered in full                  | Up to \$65                      |
| <b>Lenticular</b>                | Covered in full                  | Up to \$100                     |
| <b>Progressive</b>               | See lens options                 | NA                              |
| <b>Contacts</b>                  |                                  |                                 |
| <b>Fit &amp; Follow Up Exams</b> | Member cost up to \$60           | No benefit                      |
| <b>Elective</b>                  | Up to \$130                      | Up to \$105                     |
| <b>Medically Necessary</b>       | Covered in full                  | Up to \$210                     |
| <b>Frame Allowance</b>           | \$130**                          | Up to \$70                      |
| <b>Frequencies (months)</b>      |                                  |                                 |
| <b>Exam/Lens/Frame</b>           | 12/12/24                         | 12/12/24                        |
|                                  | Based on date of service         | Based on date of service        |

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

\*\*The Costco and Walmart allowance will be the wholesale equivalent.

### Lens Options (member cost)\*

|  | VSP Choice Network + Affiliates<br>(Other than Costco)   | Out of Network                 |
|--|--|--------------------------------|
| <b>Progressive Lenses</b>                              | Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge. | Up to Lined Bifocal allowance. |
| <b>Std. Polycarbonate</b>                              | Covered in full for dependent children   | No benefit                     |
|  | \$33 adults  |                                |
| <b>Solid Plastic Dye</b>                               | \$15   | No benefit                     |
|  | (except Pink I & II)   |                                |
| <b>Plastic Gradient Dye</b>                            | \$17   | No benefit                     |
| <b>Photochromatic Lenses<br/>(Glass &amp; Plastic)</b> | \$31-\$82  | No benefit                     |
| <b>Scratch Resistant Coating</b>                       | \$17-\$33  | No benefit                     |
| <b>Anti-Reflective Coating</b>                         | \$43-\$85  | No benefit                     |
| <b>Ultraviolet Coating</b>                             | \$16   | No benefit                     |

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

### Monthly Rates

|   |         |
|---|---------|
| <b>Employee Only</b>                    | \$4.56  |
| <b>Employee + Spouse</b>                | \$8.20  |
| <b>Employee + Children</b>              | \$8.64  |
| <b>Employee + Spouse &amp; Children</b> | \$13.72 |

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### Additional Sharper Vision Choice Network Features

|                                |   |
|--------------------------------|---|
| <b>Contact Lenses Elective</b> | Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance. |
| <b>Additional Glasses</b>      | 20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*  |
| <b>Frame Discount</b>          | VSP offers 20% off any amount above the retail allowance.*  |
| <b>Laser VisionCare</b>        | VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.                                 |
| <b>Low Vision</b>              | With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).  |

*Based on applicable laws, reduced costs may vary by doctor location.*

### Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, members just need to visit us at [reliancestandard.com/dental-vision](http://reliancestandard.com/dental-vision) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

### Reliance Standard Life Insurance Company

Reliance Standard Life Insurance Company (Reliance Standard) was incorporated in 1907 as the Central Standard Life Insurance Company in Chicago, Illinois. In 1967 the administrative offices moved to Philadelphia, PA and the company was renamed Reliance Standard Life Insurance Company. Reliance Standard is domiciled in Illinois, and its headquarters remain in Philadelphia. Reliance Standard is a member of The Tokio Marine Group.

### VSP Information

Sharper Vision eye care features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

For more information regarding the VSP provider network or to find out more about VSP, please visit the VSP web-site at [www.vsp.com](http://www.vsp.com).

**This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the benefits available through Reliance Standard Life, and does not include exclusions and limitations. For details on exclusions and limitations, or a complete list of covered procedures, contact your benefits coordinator.**

**RELiance STANDARD**  
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