

# **OPTICARE PLAN:**

## 0-10-100C+

## Jordan School District

| Products/Services   | Select Network          | Broad Network           | Out-Of-Network                                   |
|---|-------------------------|-------------------------|--|
| Eye Exam  |                         |                         |  |
| Eyeglass exam   | 100% Covered            | \$10 Co-pay             | \$45 Allowance                                   |
| Contact exam  | 100% Covered            | \$10 Co-pay             | \$45 Allowance                                   |
| Routine Dilation  | 100% Covered            | Retail                  | Included above                                   |
| Contact Fitting   | 100% Covered            | Retail                  | Included above                                   |
| Standard Plastic Lenses                                   |                         |                         |  |
| Single Vision   | 100% Covered            | \$10 Co-pay             | \$85 Allowance for lenses, options, and coatings |
| Bifocal (FT 28)   | 100% Covered            | \$10 Co-pay             | \$85 Allowance for lenses, options, and coatings |
| Trifocal (FT 7x28)  | 100% Covered            | \$10 Co-pay             | \$85 Allowance for lenses, options, and coatings |
| Lens Options  |                         |                         |  |
| Progressive (Standard plastic no-line)                    | \$10 Co-pay             | \$50 Co-pay             |  |
| Premium Progressive Options                               | \$80 Co-pay             | \$100 Co-pay            |  |
| Polycarbonate   | \$20 Co-pay             | \$40 Co-pay             |  |
| Anti-Reflective   | \$40 Co-pay             | \$45 Co-pay             |  |
| High Index  | \$80 Co-pay             | 25% Discount            |  |
| Coatings  |                         |                         |  |
| Scratch Resistant Coating                                 | 100% Covered            | \$10 Co-pay             |  |
| Ultra Violet protection                                   | 100% Covered            | \$10 Co-pay             |  |
| Other Options   | Up to 25% Discount      | Up to 25% Discount      |  |
| Edge polish, tints, mirrors, etc.                         |                         |                         |  |
| Frames  |                         |                         |  |
| Allowance Based on Retail Pricing                         | \$100 Allowance         | \$90 Allowance          | \$60 Allowance                                   |
| Additional Eyewear  |                         | · · · · ·               |  |
| Additional Pairs of Glasses Throughout the<br>Year        | Up to 50% Off<br>Retail | Up to 25% Off<br>Retail |  |
| Contacts  |                         |                         |  |
| Contact benefits is in lieu of lens and frame<br>benefit. | \$100 Allowance         | \$90 Allowance          | \$75 Allowance                                   |
| Additional contact purchases:                             |                         |                         |  |
| Conventional  | Up to 20% off           | Retail                  |  |
| Disposables   | Up to 10% off           | Retail                  |  |
| Frequency   |                         |                         |  |
| Exams, Lenses, Frames, Contacts                           | Every 12 months         | Every 12 months         | Every 12 months                                  |
| Refractive Surgery  |                         |                         |  |
| LASIK   | 20% Off Retail          | Not Covered             | Not Covered                                      |
|   |                         | 1                       |  |



## **OPTICARE PLAN:**

## 0-10-140C+

## Jordan School District

| Products/Services   | Select Network          | Broad Network                         | Out-Of-Network                                   |
|---|-------------------------|---------------------------------------|--|
| Eye Exam  |                         |                                       |  |
| Eyeglass exam   | 100% Covered            | \$10 Co-pay                           | \$45 Allowance                                   |
| Contact exam  | 100% Covered            | \$10 Co-pay                           | \$45 Allowance                                   |
| Routine Dilation  | 100% Covered            | Retail                                | Included above                                   |
| Contact Fitting   | 100% Covered            | Retail                                | Included above                                   |
| Standard Plastic Lenses                                   |                         |                                       |  |
| Single Vision   | 100% Covered            | \$10 Co-pay                           | \$85 Allowance for lenses, options, and coatings |
| Bifocal (FT 28)   | 100% Covered            | \$10 Co-pay                           | \$85 Allowance for lenses, options, and coatings |
| Trifocal (FT 7x28)  | 100% Covered            | \$10 Co-pay                           | \$85 Allowance for lenses, options, and coatings |
| Lens Options  |                         |                                       |  |
| Progressive (Standard plastic no-line)                    | \$10 Co-pay             | \$50 Co-pay                           |  |
| Premium Progressive Options                               | \$80 Co-pay             | \$100 Co-pay                          |  |
| Polycarbonate   | \$20 Co-pay             | \$40 Co-pay                           |  |
| Anti-Reflective   | \$40 Co-pay             | \$45 Co-pay                           |  |
| High Index  | \$80 Co-pay             | 25% Discount                          |  |
| Coatings  |                         |                                       |  |
| Scratch Resistant Coating                                 | 100% Covered            | \$10 Co-pay                           |  |
| Ultra Violet protection                                   | 100% Covered            | \$10 Co-pay                           |  |
| Other Options   | Up to 25% Discount      | Up to 25% Discount                    |  |
| Edge polish, tints, mirrors, etc.                         |                         |                                       |  |
| Frames  |                         |                                       |  |
| Allowance Based on Retail Pricing                         | \$140 Allowance         | \$130 Allowance                       | \$85 Allowance                                   |
| Additional Eyewear  |                         | · · · ·                               |  |
| Additional Pairs of Glasses Throughout the<br>Year        | Up to 50% Off<br>Retail | Up to 25% Off<br>Retail               |  |
| Contacts  |                         |                                       |  |
| Contact benefits is in lieu of lens and frame<br>benefit. | \$140 Allowance         | \$130 Allowance                       | \$105 Allowance                                  |
| Additional contact purchases:                             |                         |                                       |  |
| Conventional  | Up to 20% off           | Retail                                |  |
| Disposables   | Up to 10% off           | Retail                                |  |
| Frequency   |                         | ·                                     |  |
| Exams, Lenses, Frames, Contacts                           | Every 12 months         | Every 12 months                       | Every 12 months                                  |
| Refractive Surgery  |                         | · · · · · · · · · · · · · · · · · · · |  |
| LASIK   | 20% Off Retail          | Not Covered                           | Not Covered                                      |
|   |                         |                                       |  |







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# **Opticare** Vision<sup>™</sup>



### MEMBER PORTAL ACCESS INSTRUCTIONS

Visit <u>WWW.OPTICAREVISIONSERVICES.COM</u> From the main menu click on "MEMBER PORTAL"

#### MEMBER PORTAL

### REGISTER AS A NEW USER

Click on "CLICK HERE TO REGISTER AND/OR ENROLL"

Please select the portal that you wish to register with, select from the drop down "MEMBER"

Have your **Gateway Registration Code** ready - this is the same as your Subscriber ID found on your insurance card plus "01" for the employee.

Finish filling out the form and click **submit**.

### OBTAIN ID CARDS

If you have already registered for the MEMBER PORTAL, please login to your account.

- Login to MEMBER PORTAL
- Click on **PRINT TEMP ID CARD** from the side menu.
- Your temporary card should automatically download, if it doesn't, click on the blue link
  "OPEN PDF"- choose FILE > PRINT



If you have questions regarding registering or logging into your Member Portal account please call the service number below. Reminder: your Gateway Registration Code is your subscriber ID found on your Opticare Card plus "01" at the end. You can also submit questions via the website.

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MEMBER SERVICE DEPARTMENT 801-869-2020