



# Opticare Plan: 10-120C

Single	\$10.77
Two Party	\$19.11
Family	\$22.56

<b>Murray School District</b>	<b>Select Network</b>	<b>Broad Network</b>	<b>Out-of-network</b>
<b>Eye Exam</b>			
Eyeglass exam	\$10 Co-pay	\$15 Co-pay	◆\$40 Allowance
Contact exam	\$10 Co-pay	\$15 Co-pay	◆\$40 Allowance
Dilation	100% Covered	Retail	Included above
Contact Fitting	100% Covered	Retail	Included above
<b>Standard Plastic Lenses</b>			
Single Vision	100% Covered	\$10 Co-pay	◆\$85 Allowance
Bifocal (FT 28)	100% Covered	\$10 Co-pay	for lenses,
Trifocal (FT 7x28)	100% Covered	\$10 Co-pay	options,
			and coatings
<b>Lens Options</b>			
*Progressive ( <i>Standard plastic no-line</i> )	\$30 Co-pay	\$50 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 <i>A/R, edge polish, tints, mirrors, etc.</i>	Up to 25% Discount	Up to 25% Discount	
<b>Frames</b>			
Allowance Based on Retail Pricing	\$120 Allowance	\$100 Allowance	◆\$80 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 in lieu Of lens and frame benefit.	\$120 Allowance	\$100 Allowance	◆\$80 Allowance
<b>Additional contact purchases:</b>			
***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	\$250 Off Per Eye	Not Covered	Not Covered

\*The benefits listed are a summary only; please refer to the formal policy for a complete description of benefits, limitations, and exclusions.

We the undersigned, hereby accept the renewal of the Opticare of Utah 10-120C plan for the 1 year period beginning September 1, 2016 thru August 31, 2017 at the above rate and benefits listed.

Acceptance: Murray School District

By: \_\_\_\_\_ Date: \_\_\_\_\_