



Ascension Parish School Board Summary of Benefits for Vision			
Vision Care Service	In-Network Member Cost at Plus Providers	In-Network Member Cost	Out-of-Network Member Reimbursement
EXAM SERVICES			
Exam	\$0 copay	\$10 copay	Up to \$30
Retinal Imaging	Up to \$39	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP			
Fit and Follow-up-Standard	Up to \$40; contact lens fit and two follow-up visits	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up-Premium	10% off retail price	10% off retail price	Not covered
FRAME			
Frame	\$0 copay; 20% off balance over \$165 allowance	\$0 copay; 20% off balance over \$115 allowance	Up to \$45
STANDARD PLASTIC LENSES			
Single Vision	\$25 copay	\$25 copay	Up to \$25
Bifocal	\$25 copay	\$25 copay	Up to \$40
Trifocal	\$25 copay	\$25 copay	Up to \$55
Lenticular	\$25 copay	\$25 copay	Up to \$55
Progressive-Standard	\$90 copay	\$90 copay	Up to \$40
Progressive-Premium	\$90 copay; 20% off retail price less \$120 allowance	\$90 copay; 20% off retail less \$120 allowance	Up to \$40
LENS OPTIONS			
Anti Reflective Coating-Standard	\$45	\$45	Not covered
Anti Reflective Coating-Premium Tier 1-2	\$57-68	\$57-68	Not covered
Anti Reflective Coating-Premium Tier 3	20% off retail price	20% off retail price	Not covered
Photochromic-Non-Glass	\$75	\$75	Not covered
Polycarbonate-Standard	\$40	\$40	Not covered
Scratch Contact-Standard Plastics	\$15	\$15	Not covered
Tint-Solid and Gradient	\$15	\$15	Not covered
UV Treatment	\$15	\$15	Not covered
All Other Lens Options	20% off retail price	20% off retail price	Not covered



CONTACT LENSES			
Contact-Conventional	\$0 copay; 15% off balance over \$115 allowance	\$0 copay; 15% off balance over \$115 allowance	Up to \$100
Contact-Disposable	\$0 copay; 100% off balance over \$115 allowance	\$0 copay; 100% off balance over \$115 allowance	Up to \$100
Contact-Medically Necessary	\$0 copay; paid in full	\$0 copay; paid in full	Up to \$200
OTHER			
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered

FREQUENCY	Allowed Frequency-Adults	Allowed Frequency-Kids
Exam	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months
Lenses	Once every 12 months	Once every 12 months
Contact Lenses	Once every 12 months	Once every 12 months

(Plan allows members to receive either contacts and frames, or frames and lens services)