



**Ozark School District**  
**Vision Plan Comparison Effective 7-1-2024**



	In-Network	Out-of-Network	
<b>Carrier</b>	MetLife		
<b>Network</b>	MetLife VSP Choice		
	In-Network	Out-of-Network	
<b>Exams</b>			
Frequency	Once every 12 months	Once every 12 months	
Copay	\$10	Up to \$45 Allowance	
<b>Lenses</b>			
Copay	\$25		
Single Vision	Copay Applies	Up to \$430 Allowance	
Bifocal Vision	Copay Applies	Up to \$50 Allowance	
Trifocal Vision	Copay Applies	Up to \$65 Allowance	
Lenticular Lenses	Copay Applies	Up to \$100 Allowance	
Frequency	Once every 12 months	Once every 12 months	
<b>Frames</b>			
	\$130 Allowance	Up to \$70 Allowance	
Frequency	Once every 24 months	Once every 24 months	
<b>Contact Lenses</b>			
Elective	\$130 Allowance	Up to \$100 Allowance	
Frequency	Once every 12 months	Once every 12 months	
	Cost Per Pay Period (20 Pay)	Cost Per Pay Period (24 Pay)	
Employee	\$5.18	\$4.32	
Employee + 1	\$9.73	\$8.11	
Family	\$13.85	\$11.54	

This is only an illustrative description of benefits prepared by BPJ. Please consult the plan documents for specific coverages.