

SOUTHWEST LICKING LOCAL SCHOOLS

Vision Plan Options

Effective Date 1/1/2025-12/31/2025

BENEFITS		ANTHEM BLUE CROSS BLUE SHIELD BLUE VIEW VISION	
		In-Network	Out-of-Network
Benefit Periods (Once per Benefit Period)	Exams	12 Months	12 Months
	Lenses	12 Months	12 Months
	Frames	12 Months	12 Months
	Contact Lenses	12 Months	12 Months
Copayments (Copay)	Exams	\$20	Reimburse up to \$42
	Materials	\$20	Reimburse up to \$45
Vision Exam		100% after copay	Reimburse up to \$42
Materials (Lenses Per Pair)	Single Vision Lenses	100% after copay	Reimburse up to \$40
	Bifocal Lenses	100% after copay	Reimburse up to \$60
	Trifocal Lenses	100% after copay	Reimburse up to \$80
	Frame Allowance (Retail)	100% up to \$130 (no copay)	Reimburse up to \$45
Contact Lenses	Medically Necessary	100% after copay	Reimburse up to \$210
	Cosmetic	\$130 allowance	Reimburse up to \$105
Dependent Age Limts		26 (Federal & State)	

RATES		ANTHEM BLUE CROSS BLUE SHIELD BLUE VIEW VISION	
		Employee (100%)	Employer (0%)
Total Pricing	EE	\$6.56	\$0.00
	EE + 1	\$12.48	\$0.00
	F	\$19.13	\$0.00
Percentage Increase		12.00%	