Eastern Suffolk BOCES

Educational Services That Transform Lives

Dr. Jasmin Varela District
Superintendent

David Wicks
Chief Operating Officer

All Staff Developers Covered Under the Eastern Suffolk BOCES Dental

Program SCHEDULE OF VISION CARE BENEFITS

	Maximum Amount
1. Complete pair of eyeglasses (including eye examination) with frame and single vision lenses	$34.00
2. Complete pair of eyeglasses (including eye examination) with bifocal lenses and frame	$44.00
3. Case hardened lenses	
Single Vision – Add	$ 2.00
Bifocal – Add	$ 3.00
4. Tint, where medically indicated – Add	$ 4.00
5. Unusually heavy or post-operative lenses	$40.00
6. Eye examination, where no glasses are needed, or no change in prescription indicated	$10.00
7. Lens only, where individual supplies frame (not including examination)	
Single Vision	$14.00
Bifocal	$24.00
8. Frame only	$10.00

9. Sub-Normal Vision Care: When visual acuity is not correctable to 20/70 in the better eye by use of conventional lenses, but can be improved up to 20/70 in the better eye by use of contact lenses, telescopic lenses or other sub-normal vision aids. As well as for professional services required to fit, administer or otherwise prepare such sub-normal vision aids, you will be paid for covered expenses up to the following:

Maximum Amount (per plan year)	$200
Co-Insurance Rate	80%

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VISION CARE BENEFITS AND WHAT IS COVERED

Benefits are payable for Covered Expenses incurred while the person is covered for these benefits. Vision examinations must be made by a Doctor, Optometrist or Optician.

A. Vision Screening

If a Covered Person desires to know the condition of his eyes and whether or not further visual care is required, such Covered Person shall be entitled to one (1) preliminary survey of visual functions each (2) plan years, which vision screening shall include the following:

1. A check of principal vision functions.
2. Determination of ability and condition of vision.

B. Vision Analysis

If Vision Screening indicates that a Covered Person requires further care or has visually connected symptoms, such Covered Person shall be entitled to (1) complete Vision Analysis each two (2) plan years, which Vision Analysis shall include, but is not necessarily limited to, the following:

1. Complete Case history
2. Measuring and recording of visual acuity, corrected and uncorrected.
3. Examination of funda, media, crystalline lens, optic disc and pupil reflex for pathology anomalous or injury.
4. Corneal curvature measurements.
5. Retinoscopy.
6. Fusion determination, distance and near.
7. Subjective determination, distance and near.
8. Steropsis determination, distance and near.
9. Color discrimination
10. Amplitude of accommodation.
11. Analysis of findings
12. Determining of prescription (if needed).
13. Measuring and recording of visual acuity, distance/near with new prescription if required.

C. Lenses and Frames

If a Vision Analysis indicates that a Covered Person requires lenses and/or frame change such Covered Person shall be entitled to one (1) set of lenses if warranted by prescription, each two (2) plan years, and one (1) set of frames if warranted by prescription, each two (2) plan years, which services and supplies shall include, but is not necessarily limited to the following:

1. Professional advice on frame selection.
2. Facial measurements, and preparation of specifications for optical laboratory.
3. Verifying and fitting of prescription glasses.
4. Reevaluation and progress report two or four weeks after fitting of new prescription.
5. Subsequent servicing.