Examples of How the New CCSD Vision Plan Will Cover Common Eye Care Expenses

| EXAMPLE 1 | | | | | | | |
|------------------------------------|-----|-----------|----|--------------------|-----|-----------|--|
| | Len | scrafters | No | etwork Benefit | Men | nber Cost | Notes |
| Exam | | N/A | In | full after copay | \$ | 20.00 | |
| Single Vision Lens | | N/A | In | full after copay | \$ | 20.00 | |
| Single Vision Lens - Polycarbonate | | N/A | | Copay + \$40 | \$ | 60.00 | |
| Anti Reflective Coating | | N/A | CO | st limited to \$45 | \$ | 45.00 | |
| Add'l for Contact Lens Exam | | N/A | CO | st limited to \$40 | \$ | 40.00 | |
| Progressive Lens | | N/A | | Copay + \$65 | \$ | 85.00 | |
| Contact Lens Disposable | \$ | 104.00 | \$ | 115.00 | \$ | - | ACUVUE OASYS 2-Week 24 Pack |
| Frames | \$ | 99.00 | \$ | 100.00 | \$ | - | Frames typically range from \$49-\$250 |

Members get 15% discount on conventional contacts over the allowance and 20% off frame cost over the allowance. 40% off complete pair of glasses.

| EXAMPLE 2 | | | | | | | | |
|------------------------------------|-----|------------|----|--------------|----------------|------|-------------|--|
| | | | | | Out of Network | | | |
| | Wal | mart Price | W/ | 15% Discount | Allowance | ١ | Member Cost | Notes |
| Exam | \$ | 75.00 | = | | \$ 30.00 | - \$ | 45.00 | |
| Single Vision Lens | \$ | 30.00 | \$ | 25.50 | \$ 25.00 | Ç | 5 0.50 | No UV coating |
| Single Vision Lens - Polycarbonate | \$ | 60.00 | \$ | 51.00 | \$ 25.00 | \$ | 26.00 | UV coating included |
| Anti Reflective Coating | \$ | 50.00 | | | \$ - | \$ | 50.00 | |
| Add'l for Contact Lens Exam | \$ | 45.00 | | | \$ - | \$ | 45.00 | |
| Progressive Lens | \$ | 130.00 | \$ | 110.50 | \$ 40.00 | \$ | 70.50 | Ranges from \$80-130/ bifocal allowance \$40 |
| Contact Lens Disposable | \$ | 104.00 | \$ | 104.00 | \$ 92.00 | \$ | 12.00 | ACUVUE OASYS 2-Week 24 Pack |
| Frames | \$ | 99.00 | \$ | 84.15 | \$ 45.00 | \$ | 39.15 | Frames typically range from \$49-\$250 |

| EXAMPLE 3 | | | | | | | |
|------------------------------------|--------------|--------|----|----------------|----|------------|--|
| | | | | Out of Network | | | |
| | Costco Price | | | Allowance | | ember Cost | Notes |
| Exam | \$ | 59.00 | \$ | 30.00 | \$ | 29.00 | |
| Single Vision Lens | \$ | 80.00 | \$ | 25.00 | \$ | 55.00 | includes Anti Reflective |
| Single Vision Lens - Polycarbonate | \$ | 74.00 | \$ | 25.00 | \$ | 49.00 | includes Anti Reflective |
| Anti Reflective Coating | \$ | - | Ç | - | \$ | - | Included with Single Vision Lenses |
| Add'l for Contact Lens Exam | \$ | 34.00 | Ç | - | \$ | 34.00 | |
| Progressive Lens | \$ | 130.00 | \$ | 40.00 | \$ | 90.00 | Ranges from \$80-130/ bifocal allowance \$40 |
| Contact Lens Disposable | \$ | 104.00 | \$ | 92.00 | \$ | 12.00 | ACUVUE OASYS 2-Week 24 Pack |
| Frames | \$ | 99.00 | \$ | 45.00 | \$ | 54.00 | Frames typically range from \$49-\$250 |