

Kalkaska Public Schools (MI)
Group Effective Date: February 1, 2008
Group Renewal Date: February 1, 2010
Group Number: 2KPS208
AlwaysVisionSM: V129

Vision Benefit Summary (Standard Plan)

Vision Care Services	Participating Providers	Out-of-Network Allowance
Exam (once every 12 months)	\$10 Co-pay	Up to \$35
Materials	\$10 Co-pay	See below
Standard Plastic Lenses: (once every 12 months) Single Vision Bifocal Trifocal Lenticular Progressive Lens Options: (once every 12 months) Scratch resistant coating Polycarbonate Lenses for children	Covered by Co-pay Covered by Co-pay Covered by Co-pay \$80 allowance \$70 allowance N/A N/A	Up to \$25 Up to \$40 Up to \$50 Up to \$50 Up to \$40 N/A N/A
Frames: (once every 12 months) Members choose from any frame available at provider locations.	\$120 retail frame (retail amount may vary at some providers). Covers a wide selection of frames. (\$94 retail frame at Wal-Mart & Sam's Club)	Up to \$50 retail
Contact Lenses*: (once every 12 months) (Includes fit and materials) Elective Medically Necessary	Up to \$120 retail Up to \$210 retail	Up to \$100 retail Up to \$210 retail
Laser Vision Correction:	discount on Lasik or PRK retail prices with participating surgery providers.	
* In lieu of Eyeglass lenses and Frames. Allowances include the contact lens fitting fee.		