

VISION INSURANCE

Rochester Community School Corporation offers two voluntary vision plans, both of which are offered by VSP. The chart below offers a side by side comparison of the plans available.



	BASIC PLAN	PREMIER PLAN
	IN-NETWORK	IN-NETWORK
BENEFITS		
Eye Exam <i>(once every 12 months)</i>	\$20 copay for exam and glasses	
Eyeglass Lenses <i>(once every 12 months)</i> Single Bifocal Trifocal	\$20 copay + 20% savings on lens enhancements	
Frames	<i>Every 24 months</i> \$130 allowance for wide selection of frames \$150 allowance for featured frame brands 20% off amount over your allowance	<i>Every 12 months</i> \$130 allowance for wide selection of frames \$150 allowance for featured frame brands 20% off amount over your allowance
Elective Contacts <i>(once every 12 months)</i> <i>In lieu of Eyeglasses</i>	\$130 allowance for contacts Up to \$60 copay for contact lens exam (fitting and evaluation)	
Extra Savings!	Glasses and Sunglasses 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your WellVision Exam.	
	Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.	

VISION COSTS

	BASIC PLAN			Retiree, Board Member Monthly Cost	Per 16 Pays Employee Cost	Per 25 Pays Employee Cost
	Total Yearly Cost	Yearly Corp. Cost	Yearly Employee Cost			
Employee	\$92.64	\$0.00	\$92.64	\$7.72	\$5.79	\$3.71
Family	\$209.64	\$0.00	\$209.64	\$17.47	\$13.10	\$8.39
	PREMIER PLAN			Retiree, Board Member Monthly Cost	Per 16 Pays Employee Cost	Per 25 Pays Employee Cost
	Total Yearly Cost	Yearly Corp. Cost	Yearly Employee Cost			
Employee	\$113.52	\$0.00	\$113.52	\$9.46	\$7.10	\$4.54
Family	\$257.04	\$0.00	\$257.04	\$21.42	\$16.07	\$10.28