

Waverly Community Schools

Cooks, Para-Professionals, Bargaining Unit Secretaries and Bus Drivers

Vision Plan II

Benefits-at-a-Glance

This is intended to be an-easy-to-read summary.

Basic Benefits

Note: There is no network for this plan. You may select any vision provider that you wish to use. Your benefit levels remain the same with any provider.

Examination	\$48.00 covered once every 12 months *
Regular Lenses	\$63.00 covered once every 24 months *
Bifocal Lenses	\$72.00 covered once every 24 months *
Trifocal Lenses	\$90.00 covered once every 24 months *
Progressive Lenses	\$108.00 covered once every 24 months *
Frame Allowance	\$55.00 covered once every 24 months *
Contact Lenses	\$150.00 covered once every 24 months *

Examinations will be provided once in a 12 month period, frames, and one set of corrective lenses (regular glasses, prescription sunglasses, photogray lenses or contact lenses) will be provided once in a 24 month period, defined as July 1 to June 30 of the following year, for each eligible member of the family.

Additional charges for tint, oversized lenses, blended bifocal, and scratch or anti-glare coatings are not covered.

★ This amount will be paid toward items and services incurred in connection with your appointment regardless of the amount charged by your provider. The remaining balance is your responsibility.