



A Vision Plan for
Parker Public Schools

Plan Benefits from Participating In-Network Doctors

(After fee at time of service/Up to plan limits)

Eye Exam	Covered in full, every 12 months
Prescription Glasses	
Lenses (per pair)	Covered in full, every 12 months
Single vision, lined bifocal and lined trifocal lenses. Polycarbonate lenses for dependent children.	
Frame	Allowance of \$130, every 24 months

Fees at time of service:	
Exam:	\$10
Materials:	\$15
<i>No materials fee for contact lenses</i>	

~OR~

Contact Lens Care

Note: contact lens benefit can be chosen in lieu of glasses. Professional fees may be extra.

Elective – lenses only	Allowance of \$130, every 12 months
Medically necessary**	Allowance of \$250, every 12 months

Out of Network Reimbursement Amounts:

<i>Exam</i>	<i>Up to \$40 after in-network exam fee is deducted</i>
<i>Lenses:</i>	<i>Up to maximum listed after in-network materials fee is deducted</i>
<i>Single Vision</i>	<i>\$30</i>
<i>Lined Bifocal</i>	<i>\$45</i>
<i>Lined Trifocal</i>	<i>\$55</i>
<i>Frame</i>	<i>Up to \$80 for elective or medically necessary</i>
<i>Contacts</i>	<i>Up to \$35</i>

Locate a VCD provider in your area at www.VisionCareDirect.com

Out-of-network is available at a significantly reduced reimbursement amount.

Vision Care Direct is a Membership Plan not insurance. There is no consumer risk.