

# Granville Exempted Village Schools

## Vision Benefits

	Basic/Low Option		Premier/High Option	
Network:	Choice Network		Choice Network	
Plan Basics:	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam	Every 12 Months		Every 12 Months	
Lenses	Every 12 Months		Every 12 Months	
Frames	Every 12 Months		Every 12 Months	
Prescription Glasses	\$25 Copay		\$25 Copay	
Well Vision Exam	\$10 Copay	Up to \$45	\$10 Copay	Up to \$45
Contact Lenses	\$150 Allowance	Up to \$105	\$150 Allowance	Up to \$105
Contact Lens Fitting and Evaluation	Fitting and Evaluation (not to exceed \$60)	N/A	Fitting and Evaluation (not to exceed \$60)	N/A
Frames	\$150 Allowance	Up to \$70	\$150 Allowance	Up to \$70
Covered Lenses Options:				
Single vision, lined bifocal and lined trifocal lenses	Included	Up to \$30/\$50/\$65	Included	Up to \$30/\$50/\$65
Polycarbonate lenses for dependent children	Included	N/A	Included	N/A
Standard progressive lenses	\$55	Up to \$50	Included	Up to \$50
Premium progressive lenses	\$95 - \$105	Up to \$50	Included	Up to \$50
Custom progressive lenses	\$150 - \$175	Up to \$50	Included	Up to \$50
Anti-Reflective Coating	Discount Applies	N/A	Included	N/A
Scratch Resistant Coating	Discount Applies	N/A	Included	N/A
Other lens options	20-25% off	N/A	20-25% off	N/A

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail.

### Arthur J. Gallagher Disclaimers

**RENEWAL-FINANCIAL NOTICE:** This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

**COVERAGE NOTICE:** This analysis is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

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