

ROSEVILLE COMMUNITY SCHOOLS

OPTICAL COVERAGE - SUBGROUP 01

Complete Vision Examination Maximum	\$48.00
Single Vision Prescription Maximum per Pair of Lenses	\$63.00
Bifocal Prescription Maximum per Pair of Lenses	\$72.00
Trifocal Prescription Maximum per Pair of Lenses	\$90.00
Lenticular Prescription Maximum per Pair of Lenses	\$108.00
Contact Lens Prescription Maximum per Pair of Lenses	\$150.00
Standard-Type Frames Maximum	\$50.00

Benefit Determination Period: July 1 through June 30

SERVICE FREQUENCY:

Vision Examination:	Once every 12 months
Lenses:	Once every 12 months
Frames:	Once every 12 months

ROSEVILLE COMMUNITY SCHOOLS

OPTICAL COVERAGE - SUBGROUP 02

Complete Vision Examination Maximum	\$30.00
Single Vision Prescription Maximum per Pair of Lenses	\$40.00
Bifocal Prescription Maximum per Pair of Lenses	\$72.00
Trifocal Prescription Maximum per Pair of Lenses	\$92.00
Lenticular Prescription Maximum per Pair of Lenses	\$100.00
Contact Lens Prescription Maximum per Pair of Lenses	\$100.00
Standard-Type Frames Maximum	\$50.00

Benefit Determination Period: July 1 through June 30

SERVICE FREQUENCY:

Vision Examination:	Once every 2 years
Lenses:	Once every 2 years
Frames:	Once every 2 years

ROSEVILLE COMMUNITY SCHOOLS

OPTICAL COVERAGE - SUBGROUP 03

Complete Vision Examination Maximum	\$30.00
Single Vision Prescription Maximum per Pair of Lenses	\$40.00
Bifocal Prescription Maximum per Pair of Lenses	\$72.00
Trifocal Prescription Maximum per Pair of Lenses	\$92.00
Lenticular Prescription Maximum per Pair of Lenses	\$100.00
Contact Lens Prescription Maximum per Pair of Lenses	\$100.00
Standard-Type Frames Maximum	\$50.00

Benefit Determination Period: July 1 through June 30

SERVICE FREQUENCY:

Vision Examination:	Once every 12 months
Lenses:	Once every 12 months
Frames:	Once every 12 months