

**JEFFERSON UNION HIGH SCHOOL DISTRICT
Administrative Offices**

**VISION SERVICE PROGRAM (VSP)
100% Employee Cost**

Effective January 1, 2019

Rates for Vision Coverage-Co-pay \$10.00—12 Month Rates

1 Party	\$ 9.33 per month
2 Party	\$ 19.48 per month
Family	\$ 27.96 per month

Coverage

Exams-Every 12 months

Lenses-Every 12 Months

Frames-Every 24 months

Existing Health Plans Vision Benefits-Eye exams are covered

**Kaiser High Plan-glasses or contact lenses every 24 months
Amount in excess of \$175 Allowance**

Kaiser Low Plan-no vision coverage for glasses or contacts

**Anthem Blue Cross-Blue View Vision-EPO ONLY
\$130 Allowance in-NETWORK OR \$50 out-of-network**

NEW PLANS FOR 2019

Anthem Blue Cross-HMO Plan-no vision coverage for glasses or contacts

Anthem Blue Cross-PPO Plan-no vision coverage for glasses or contacts