

**JEFFERSON UNION HIGH SCHOOL DISTRICT  
Administrative Offices**

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

**Effective January 1, 2020**

<b><u>Rates for Vision Coverage-Co-pay \$10.00—12 Month Rates</u></b>	<b><u>10 month rates</u></b>	
<b>1 Party</b>	<b>\$ 8.00 per month</b>	<b>\$ 9.60 per month</b>
<b>2 Party</b>	<b>\$ 17.00 per month</b>	<b>\$20.40 per month</b>
<b>Family</b>	<b>\$ 25.00 per month</b>	<b>\$30.00 per month</b>

**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**

**NEW PLANS FOR 2020**

**Blue Shield-HMO Plan-no vision coverage for glasses or contacts**

**Blue Shield-PPO Plan-no vision coverage for glasses or contacts**

Revised 11-13-19