

**JEFFERSON UNION HIGH SCHOOL DISTRICT
Administrative Offices**

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

Effective January 1, 2024

<u>Rates for Vision Coverage-Co-pay \$10.00—12 Month Rates</u>	<u>10 month rates</u>	
1 Party	\$ 7.60 per month	\$ 9.12 per month
2 Party	\$ 16.15 per month	\$19.38 per month
Family	\$ 23.75 per month	\$28.50 per month

Coverage

Exams-Every 12 months

Lenses-Every 12 Months

Frames-Every 24 months

Existing Kaiser 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

OTHER PLANS FOR 2024

United Health Care-HMO Plan-no vision coverage for glasses or contacts

Sutter-HMO Plan-no vision coverage for glasses or contact

United Health Care-PPO Plan-no vision coverage for glasses or contacts

Revised 10-23-2023