



Opticare of Utah, Inc.
DBA Opticare Vision Services
A Utah Limited Health Plan
Home Office: 1901 West Parkway Blvd.
Salt Lake City, UT 84119
Phone: 800-363-0950
www.opticarevisionservices.com

**GROUP VISION CARE PREFERRED PROVIDER ORGANIZATION (PPO)
INSURANCE CERTIFICATE**

This certificate is issued to all eligible full-time employees of Washington County School District. Your coverage becomes effective on the date your enrollment is approved by us in accordance with the policyholder's eligibility requirements stated in this certificate. Your enrollment is recorded in the records of the policyholder and the Company.

Group Policyholder: Washington County School District

Group Policy Number: N/A

Issued State: Utah

This certificate certifies that you are covered under the policy. This certificate is not the policy. Your coverage is subject to the provisions, terms, and conditions of the policy. Only the policy governs the terms of your coverage. You may inspect the policy at the policyholder's office during normal business hours. This certificate will take the place of any and all previously issued certificates, including any riders or endorsements, provided under the policy.

NOTICE TO BUYER: THIS CERTIFICATE PROVIDES VISION COVERAGE ONLY.

PLEASE READ YOUR CERTIFICATE CAREFULLY.

OPTICARE VISION SERVICES

A handwritten signature in black ink, appearing to read "Andrew", written in a cursive style.

President

A handwritten signature in black ink, appearing to read "Stephen", written in a cursive style.

Vice President

**This is a Limited Benefit Certificate
Guaranteed Renewable
Nonparticipating**

SCHEDULE OF BENEFITS

Opticare Vision Services Web Site: www.opticarevisionservices.com

For Claim Inquiries, please call Opticare Vision Services Claims Department: 1-800-363-0950

Insured persons have the right to obtain covered vision care from providers of their choice; however, as shown below, certain benefits are paid at a lower level if the care is obtained from an out-of-network provider.

Benefit Period: Plan Year –August 1– July 31

Benefit Plan: Plan C – 70SD

Frequency of Services: Once every 12 months for Eye Examinations, Lenses, and Frames

<u>Covered Benefit</u>	<u>Select Preferred Provider Network</u>	<u>Broad Preferred Provider Network</u>	<u>Out-of Network Provider</u>
<u>Eye Examination Benefit</u>			
Eyeglass Examination	Not Covered	Not Covered	Not Covered
Contact Examination	Not Covered	Not Covered	Not Covered
Dilation	Not Covered	Not Covered	Not Covered
Contact Fitting	Not Covered	Not Covered	Not Covered
<u>*Eyeglass Benefit</u>			
<u>Lenses</u>			
Single Vision (Standard Plastic)	100% Covered	100% Covered	\$85 Allowance**
Bifocal (FT 28) (Standard Plastic)	100% Covered	100% Covered	\$85 Allowance**
Trifocal (FT 28) (Standard Plastic)	100% Covered	100% Covered	\$85 Allowance**
<u>Lenses – Options</u>			
Progressive (Standard Plastic)***	\$50 Co-pay	\$50 Co-pay	**
Premium Progressive Options	\$100 Co-pay	\$100 Co-pay	**
Ultra Premium Progressive Options	Up to 20% Discount	Up to 20% Discount	**
Polycarbonate	\$40 Co-pay	\$40 Co-pay	**
High Index	\$80 Co-pay	\$80 Co-pay	**
<u>Coatings</u>			
Scratch Resistance Coating	100% Covered	100% Covered	**
Ultra Violet Protection	100% Covered	100% Covered	**
Other Options (A/R, Edge Polish, Mirrors, or other options approved by us)	Up to 25% Discount	Up to 25% Discount	**
<u>Frames</u>			
Allowance Based on Retail Pricing	\$70 Allowance	\$70 Allowance	\$60 Allowance
Additional Prescription Glasses	Up to 50% Discount	Up to 50% Discount	Not Covered
<u>*Contact Lenses Benefit</u>			
Contact Lenses in Lieu of Eyeglasses	\$70 Allowance	\$70 Allowance	\$60 Allowance
Additional Contact Purchases:			
Conventional	Retail	Retail	Not Covered
Disposables	Retail	Retail	Not Covered
Refractive Surgery Discount****	\$250 Off Per Eye	Not Covered	Not Covered

*The insured person may choose either eyeglasses or contact lenses during the benefit period; however, no benefits will be payable for both eyeglasses and contact lenses during the same benefit period.

**The allowance shown for Lenses (Single Vision, Bifocal, and Trifocal lenses) is the total amount that will apply to the total combined purchases for Lenses, Lenses-Options, and Coatings. There are no separate allowances for Lenses, Lenses-Options, and Coatings.

***Co-pays for progressive lenses may vary with lens polycarbonate or high index options and materials.

****Refractive Surgery Discount applies only if the surgery is performed by *Standard Optical* (the designated provider). Refer to Section 6, **Benefits**, for additional information.

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Benefit Period: Plan Year –August 1– July 31

Benefit Plan: Plan C – 120SD

Frequency of Services: Once every 12 months for Eye Examinations, Lenses, and Frames

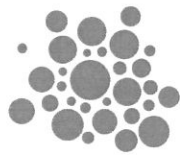
<u>Covered Benefit</u>	<u>Select Preferred Provider Network</u>	<u>Broad Preferred Provider Network</u>	<u>Out-of Network Provider</u>
<u>Eye Examination Benefit</u>			
Eyeglass Examination	Not Covered	Not Covered	Not Covered
Contact Examination	Not Covered	Not Covered	Not Covered
Dilation	Not Covered	Not Covered	Not Covered
Contact Fitting	Not Covered	Not Covered	Not Covered
<u>*Eyeglass Benefit</u>			
<u>Lenses</u>			
Single Vision (Standard Plastic)	100% Covered	100% Covered	\$100 Allowance**
Bifocal (FT 28) (Standard Plastic)	100% Covered	100% Covered	\$100 Allowance**
Trifocal (FT 28) (Standard Plastic)	100% Covered	100% Covered	\$100 Allowance**
<u>Lenses – Options</u>			
Progressive (Standard Plastic)***	\$30 Co-pay	\$30 Co-pay	**
Premium Progressive Options	\$80 Co-pay	\$80 Co-pay	**
Ultra Premium Progressive Options	Up to 20% Discount	Up to 20% Discount	**
Polycarbonate	\$40 Co-pay	\$40 Co-pay	**
High Index	\$80 Co-pay	\$80 Co-pay	**
<u>Coatings</u>			
Scratch Resistance Coating	100% Covered	100% Covered	**
Ultra Violet Protection	100% Covered	100% Covered	**
Other Options (A/R, Edge Polish, Mirrors, or other options approved by us)	Up to 25% Discount	Up to 25% Discount	**
<u>Frames</u>			
Allowance Based on Retail Pricing	\$120 Allowance	\$120 Allowance	\$100 Allowance
Additional Prescription Glasses	Up to 50% Discount	Up to 50% Discount	Not Covered
<u>*Contact Lenses Benefit</u>			
Contact Lenses in Lieu of Eyeglasses	\$120 Allowance	\$120 Allowance	\$100 Allowance
Additional Contact Purchases:			
Conventional	Retail	Retail	Not Covered
Disposables	Retail	Retail	Not Covered
Refractive Surgery Discount****	\$250 Off Per Eye	Not Covered	Not Covered

*The insured person may choose either eyeglasses or contact lenses during the benefit period; however, no benefits will be payable for both eyeglasses and contact lenses during the same benefit period.

**The allowance shown for Lenses (Single Vision, Bifocal, and Trifocal lenses) is the total amount that will apply to the total combined purchases for Lenses, Lenses-Options, and Coatings. There are no separate allowances for Lenses, Lenses-Options, and Coatings.

***Co-pays for progressive lenses may vary with lens polycarbonate or high index options and materials.

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Opticare Vision™



MEMBER PORTAL ACCESS INSTRUCTIONS

Visit WWW.OPTICAREVISIONSERVICES.COM
From the main menu click on "MEMBER PORTAL"

MEMBER PORTAL

REGISTER AS A **NEW USER**

Click on "CLICK HERE TO REGISTER AND/OR ENROLL"

Please select the portal that you wish to register with,
select from the drop down "MEMBER"

Have your **Gateway Registration Code** ready - this
is the same as your Subscriber ID found on your
insurance card plus "01" for the employee.

Finish filling out the form and click **submit**.

OBTAIN **ID CARDS**

If you have already registered for the MEMBER
PORTAL, please login to your account.

- Login to **MEMBER PORTAL**
- Click on **PRINT TEMP ID CARD** from the
side menu.
- Your temporary card should automatically
download, if it doesn't, click on the blue link
"OPEN PDF" - choose **FILE > PRINT**



Opticare Vision™

If you have questions regarding registering or logging into your Member Portal account please
call the service number below. Reminder: your Gateway Registration Code is your subscriber
ID found on your Opticare Card plus "01" at the end. You can also submit
questions via the website.

WWW.OPTICAREVISIONSERVICES.COM

MEMBER SERVICE DEPARTMENT

801-869-2020



PROVIDER LOCATER Tool

Over 30,000 Access
Points at Your Fingertips.

Visit www.opticarevisionservices.com
Click on Menu then **"LOCATE A PROVIDER"**



From **"LOCATE A PROVIDER"** page



Select **"IN-NETWORK"** to search for any contracted provider, anywhere in the US. ENTER ZIP CODE and your providers will be on the screen in order of distance based on the zip code you entered.



Select **"STANDARD OPTICAL"** for a listing of all Standard Optical locations. Note - All plans have access to Standard Optical locations, however these are only available in Utah. You can schedule your appointment for these locations on the website.



Select **"OUT-OF-NETWORK"** to submit a claim for out-of-network reimbursement. You can download a claim form or fill out electronically for submission. Note - not all plans have out-of-network benefits. Please refer to your plan documents.



Member Services: 801-869-2029
Schedule an Eye Exam: 385-270-8200