



School Insurance Specialists

## SET Self-Funded Vision Plan Benefits-at-a-Glance Northview Public Schools Instructional Employees

SET Self-Funded plans do not have a network. You may select any vision provider that you wish to use and your benefit level will remain the same. Please see the attached Self-Funded Vision Agreement for applicable administrative and setup fees.

### Covered Services:

Examination	\$80.00 covered once every 12 months
Regular Lenses	\$90.00 covered once every 12 months (each pair of lenses)
Bifocal Lenses	\$90.00 covered once every 12 months (each pair of lenses)
Trifocal Lenses	\$120.00 covered once every 12 months (each pair of lenses)
Progressive Lenses	\$130.00 covered once every 12 months (each pair of lenses)
Frame Allowance	\$100.00 covered once every 12 months
Contact Lenses	\$160.00 covered every 12 months
Examinations, frames, and one set of corrective lenses (regular glasses, prescription sunglasses, photogray lenses or contact lenses) will be provided once in a 12 month period, defined as September 1 to August 31 of the following year, for each eligible member of the family.	
*\$50.00 annual deductible applies. Additional charges for tint, oversized lenses, blended bifocal, and scratch or anti-glare coatings are not covered.	
Examination, Lenses (regular, bifocal, trifocal, progressive), Frame allowance, and Contact Lenses covered amounts listed above will be paid toward all items and services incurred in connection with your appointment regardless of the amount charged by your provider. The remaining balance is your responsibility.	



School Insurance Specialists

## SET Self-Funded Vision Plan Benefits-at-a-Glance Administrators, Central Office Staff, Maintenance, and Custodians

SET Self-Funded plans do not have a network. You may select any vision provider that you wish to use and your benefit level will remain the same. Please see the attached Self-Funded Vision Agreement for applicable administrative and setup fees.

### Covered Services:

Examination	\$48.00 covered once every 12 months
Regular Lenses	\$78.00 covered once every 12 months (each pair of lenses)
Bifocal Lenses	\$87.00 covered once every 12 months (each pair of lenses)
Trifocal Lenses	\$105.00 covered once every 12 months (each pair of lenses)
Progressive Lenses	\$123.00 covered once every 12 months (each pair of lenses)
Frame Allowance	\$90.00 covered once every 12 months
Contact Lenses	\$150.00 covered every 12 months
Examinations, frames, and one set of corrective lenses (regular glasses, prescription sunglasses, photogray lenses or contact lenses) will be provided once in a 12 month period, defined as July 1 to June 30 of the following year, for each eligible member of the family.	
Additional charges for tint, oversized lenses, blended bifocal, and scratch or anti-glare coatings are not covered.	
Examination, Lenses (regular, bifocal, trifocal, progressive), Frame allowance, and Contact Lenses covered amounts listed above will be paid toward all items and services incurred in connection with your appointment regardless of the amount charged by your provider. The remaining balance is your responsibility.	



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**SET Self-Funded Vision Plan  
Benefits-at-a-Glance  
Paraprofessional, Food Service, Interpreters, and Transportation  
Employees**

SET Self-Funded plans do not have a network. You may select any vision provider that you wish to use and your benefit level will remain the same. Please see the attached Self-Funded Vision Agreement for applicable administrative and setup fees.

**Covered Services:**

Examination	\$32.00 covered once every 12 months
Regular Lenses	\$42.00 covered once every 12 months (each pair of lenses)
Bifocal Lenses	\$48.00 covered once every 12 months (each pair of lenses)
Trifocal Lenses	\$60.00 covered once every 12 months (each pair of lenses)
Progressive Lenses	\$72.00 covered once every 12 months (each pair of lenses)
Frame Allowance	\$18.00 covered once every 12 months
Contact Lenses	\$100.00 covered every 12 months
Examinations, frames, and one set of corrective lenses (regular glasses, prescription sunglasses, photogray lenses or contact lenses) will be provided once in a 12 month period, defined as July 1 to June 30 of the following year, for each eligible member of the family.	
Additional charges for tint, oversized lenses, blended bifocal, and scratch or anti-glare coatings are not covered.	
Examination, Lenses (regular, bifocal, trifocal, progressive), Frame allowance, and Contact Lenses covered amounts listed above will be paid toward all items and services incurred in connection with your appointment regardless of the amount charged by your provider. The remaining balance is your responsibility.	



School Insurance Specialists

## SET Self-Funded Vision Plan Benefits-at-a-Glance Secretaries

SET Self-Funded plans do not have a network. You may select any vision provider that you wish to use and your benefit level will remain the same. Please see the attached Self-Funded Vision Agreement for applicable administrative and setup fees.

### Covered Services:

Examination	\$32.00 covered once every 12 months
Regular Lenses	\$52.00 covered once every 12 months (each pair of lenses)
Bifocal Lenses	\$58.00 covered once every 12 months (each pair of lenses)
Trifocal Lenses	\$70.00 covered once every 12 months (each pair of lenses)
Progressive Lenses	\$82.00 covered once every 12 months (each pair of lenses)
Frame Allowance	\$65.00 covered once every 12 months
Contact Lenses	\$100.00 covered every 12 months
Examinations, frames, and one set of corrective lenses (regular glasses, prescription sunglasses, photogray lenses or contact lenses) will be provided once in a 12 month period, defined as July 1 to June 30 of the following year, for each eligible member of the family.	
Additional charges for tint, oversized lenses, blended bifocal, and scratch or anti-glare coatings are not covered.	
Examination, Lenses (regular, bifocal, trifocal, progressive), Frame allowance, and Contact Lenses covered amounts listed above will be paid toward all items and services incurred in connection with your appointment regardless of the amount charged by your provider. The remaining balance is your responsibility.	