



Benefit Highlight Sheet

Coverage effective date: January 1, 2024

Bowie Independent School District

Welcome to Pacific Life Vision - Classic-17

Your Pacific Life Vision Plan powered by EyeMed® provides comprehensive vision benefits with an extensive provider network, contributing to good eye health while reducing out-of-pocket costs. With Pacific Life Vision benefits, you can gain access to smart savings, advanced technology, and quality providers.

Coverage available for:

- Employee Only - \$9.02
- Employee + Spouse - \$15.36
- Employee + Children - \$15.94
- Employee + Family - \$24.40

Plan Services

Covered Services	Benefit Frequencies
Exams	Once Every Calendar Year
Diabetic Exam Benefit	Once every 6 months
Frames	Once Every Calendar Year
Eyeglass Lenses	Once Every Calendar Year
Contact Lenses	Once Every Calendar Year

Visit www.pacificlife.com/vision to locate a provider near you.



Plan Services (continued)

Exams	In-Network	Out-of-Network
Vision exam (includes dilation if necessary)	\$10 copay	\$35
Retinal Imaging	Up to \$39	Not covered
Diabetic Exam (if diagnosed with type 1 or type 2 diabetes)		
Medical follow-up	Covered	\$73
Fundus photography	Covered	\$61
Extended ophthalmoscopy	Covered	\$23
Gonioscopy	Covered	\$23
Scanning Laser	Covered	\$40
EYEGLASSES		
Frames	\$150 allowance (20% off balance less allowance)	\$66
Eyeglass Lenses		
Single vision	\$10 copay	\$40
Bifocal	\$10 copay	\$50
Trifocal	\$10 copay	\$80
Lenticular	\$10 copay	\$80
Standard progressive	\$75 copay	\$50
Premium progressive tier 1	\$95 copay	\$50
Premium progressive tier 2	\$105 copay	\$50
Premium progressive tier 3	\$120 copay	\$50
Premium progressive tier 4	\$75 copay, 20% off charge less \$120 allowance	\$50
Lens Options		
Polycarbonate Lenses (under age 19)	Covered	\$32
Scratch resistant coating	Covered	\$12
CONTACT LENSES (in lieu of eyeglass lenses)		
Elective contacts	\$150 allowance	\$120
Non-elective contacts	Covered in Full	\$300
Standard contact lens fit + follow up	Up to \$40	Not Covered
Premium contact lens fit + follow up	10% discount	Not Covered

Large Vision Network

Pacific Life utilizes the EyeMed Insight Vision Network to ensure that you have choices — lots of them. Be it an independent eye doctor, popular retailer, or online option, with the Insight network, you'll get the latest in advanced vision technology. And with one of the largest provider networks in the nation, you'll have the freedom to find one who fits your unique needs.

- You can see any provider but will save more when you go to an in-network provider

Independent Providers

The Insight network makes it easy to find a trusted neighborhood eye doctor.

Retail Providers

With options including LensCrafters®, Pearle Vision®, Target Optical® and many other favorite regional retailers, you can pick the location and hours that work for you.

Shop Online

Staying in-network can also mean using your vision benefits online at:

- Lenscrafters.com
- Targetoptical.com
- Ray-ban.com
- Glasses.com
- Contactsdirect.com
- Oakley.com



LENSCRAFTERS



more options available

More Savings for You

Receive additional discounts when you visit an in-network provider including:

- 40% off additional complete pair of prescription eyeglasses
- 15% off additional conventional contact lenses after benefit has been used
- 20% off non-covered items including non-prescription sunglasses
- 15% off retail or 5% off promotional price for LASIK or PRK from U.S. Laser Network ¹
- Additional savings of 20-40% on non-covered lens options at in-network providers including fixed costs such as:
 - UV Treatment - \$15
 - Tint (solid and gradient) - \$15
 - Adult polycarbonate lenses - \$40
 - Anti-reflective coating
 - Standard - \$45
 - Tier 1 - \$57
 - Tier 2 - \$68
 - Photochromic/transition plastic lenses - \$75

Discounts on hearing care through Amplifon® Hearing Health Care²:

- 64% off hearing aids at thousands of locations nationwide
- 60 day hearing aid trial period with no restocking fees
- free batteries for 2 years with initial purchase

¹ Lasik special pricing is not an insured benefit and may not be combined with any other discounts. Laser vision correction is an elective procedure performed by specially trained providers. Discounts may not be available at all locations.

² Hearing discounts are not an insured benefit and are subject to change.

Search for providers and schedule appointments online: [pacificlife.com/vision](https://www.pacificlife.com/vision)

Log in for access to:

- View benefit
- Check claims status
- Access ID cards
- Provider search and schedule an appointment online
- Know before you go – You can estimate your cost ahead of time so there are fewer surprises
- Access exclusive member-only special offers on vision-related products and services that may be used above and beyond your vision benefit

Exclusions and Limitations

Limitations: Fees charged by provider for services other than a covered benefit and any local, state or federal taxes must be paid in full by the member to the provider. Such fees, taxes or materials are not covered under the Policy.

Allowances provide no remaining balance for future use within the same benefit frequency.

Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate.

Exclusions: No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; refraction, when not provided as part of a comprehensive eye examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; occupational safety eyewear; non-prescription sunglasses; plano (non-prescription) lenses; two pair of glasses in lieu of bifocals; services rendered after the date a member ceases to be covered under the Policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the member are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next benefit frequency when vision materials would next become available. Other exclusions may apply, see the Certificate of Coverage for a complete list.

Termination of Coverage: If applicable, child coverage terminates at age 26.

Vision Policy Form Series PLICVIPOL22 and PLICVICERT22 or PLAVIPOL22, PLAVICERT22

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