

NAPA VALLEY COLLEGE
VISION PLAN COMPARISON
RATES EFFECTIVE: January 1, 2023

	BASIC PLAN Group #30081849, Division 0056		BUY-UP PLAN Group #30081849, Division 0013	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Examination	\$25 Copay	\$25 Copay	\$10 Copay	\$10 Copay
Materials	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
BENEFIT FREQUENCY				
Examinations	12 Months	12 Months	12 Months	12 Months
Lenses	24 Months	24 Months	12 Months	12 Months
Contacts	24 Months	24 Months	12 Months	12 Months
Frames	24 Months	24 Months	12 Months	12 Months
COVERED SERVICES				
Lenses				
Single Vision	100%	\$45 Allowance	100%	\$45 Allowance
Bifocal lens	100%	\$65 Allowance	100%	\$65 Allowance
Trifocal Lens	100%	\$85 Allowance	100%	\$85 Allowance
Lenticular Lens	100%	\$125 Allowance	100%	\$125 Allowance
Frames	\$175 Allowance - 20% Discount on out-of-pocket charges	\$45 Allowance	\$175 Allowance - 20% Discount on out-of-pocket charges	\$47 Allowance
Contact Lenses	100% after \$50 Copay	Covered up to \$250 Allowance after \$50 Copay	100% after \$50 Copay	Covered up to \$250 Allowance after \$50 Copay
Primary Eye Care	\$5 Copay	Not Covered	\$5 Copay	Not Covered

PREMIUM RATES				
	BASIC PLAN		BUY-UP PLAN	
Single	\$5.75		\$10.75	
Employee + 1	\$11.50		\$21.53	
Family	\$17.23		\$32.28	
EMPLOYEE COST				
	BASIC PLAN		BUY-UP PLAN	
Single	\$0		\$5.00	
Employee + 1	\$0		\$10.03	
Family	\$0		\$15.05	