BENEFITS

- *Base #1 (5.99)*
- *Exam & Materials*
- *Insight network*
- *Fully Insured*
- *Employee Paid*

MONTHLY RATES

Base plan

Subscriber	$5.99
Subscriber + 1	$12.01
Subscriber + Family	$15.61

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
EXAM SERVICES once every 12 months		
Exam	*$10 copay*	*Up to $40*
FRAME once every 24 months		
Frame	*$0 copay; 20% off balance over $150 allowance*	*Up to $105*
STANDARD PLASTIC LENSES *in lieu of contacts* once every 12 months		
Single Vision	*$25 copay*	*Up to $30*
Bifocal	*$25 copay*	*Up to $50*
Trifocal/Lenticular	*$25 copay*	*Up to $70*
Progressive – Standard	*$90 copay*	*Up to $50*
Progressive – Premium Tier I, II, or III	*$110, $120, $135 copay*	*Up to $50*
Progressive – Premium Tier IV	*$90 copay, 20% off retail price less $120 allowance*	*Up to $50*
CONTACT LENSES *in lieu of lenses* once every 12 months		
Contacts – Conventional	*$0 copay; 15% off balance over $150 allowance*	*Up to $150*
Contacts – Disposable	*$0 copay; 100% of balance over $150 allowance*	*Up to $150*
Contacts – Medically Necessary	*$0 copay; paid-in-full*	*Up to $300*

BENEFITS

- *Buyup 12/12/12 200/200 (FIN)*
- *Exam & Materials*
- *Insight network*
- *Fully Insured*
- *Employee Paid*

MONTHLY RATES

Buy-Up Plan

Subscriber	$9.56
Subscriber + 1	$19.17
Subscriber + Family	$24.91

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
EXAM SERVICES once every 12 months		
Exam	*$10 copay*	*Up to $40*
FRAME once every 12 months		
Frame	*$0 copay; 20% off balance over $200 allowance*	*Up to $140*
STANDARD PLASTIC LENSES *in lieu of contacts* once every 12 months		
Single Vision	*$25 copay*	*Up to $30*
Bifocal	*$25 copay*	*Up to $50*
Trifocal/Lenticular	*$25 copay*	*Up to $70*
Progressive – Standard	*$90 copay*	*Up to $50*
Progressive – Premium Tier I, II, or III	*$110, $120, $135 copay*	*Up to $50*
Progressive – Premium Tier IV	*$90 copay, 20% off retail price less $120 allowance*	*Up to $50*
CONTACT LENSES *in lieu of lenses* once every 12 months		
Contacts – Conventional	*$0 copay; 15% off balance over $200 allowance*	*Up to $200*
Contacts – Disposable	*$0 copay; 100% of balance over $200 allowance*	*Up to $200*
Contacts – Medically Necessary	*$0 copay; paid-in-full*	*Up to $300*