



**Agency Selects
Plan A, B, or C**

Benefits	Vision Service Plan A	Vision Service Plan B	Vision Service Plan C
Deductible	\$10 Per Year applicable to all services	\$10 Per Year applicable to all services	\$10 Per Year applicable to all services
Benefit Duration			
Examinations	One comprehensive exam in any 12 months from date of service.	One comprehensive exam in any 12 months from date of service	One comprehensive exam in any 12 months from date of service
Lenses	One pair of standard lenses in any 24 consecutive months	One pair of standard lenses in any 12 consecutive months	One pair of standard lenses in any 12 consecutive months
Frames	One standard frame in any 24 consecutive months	One standard frame in any 24 consecutive months	One standard frame in any 12 consecutive months
Member Doctor Benefit			
Examination	Covered in full	Covered in full	Covered in full
Lenses	Covered in full	Covered in full	Covered in full
Frames	Up to \$90-\$120, depending on frames selected	Up to \$90-\$120, depending on frames selected	Up to \$90-\$120, depending on frames selected
Contact Lenses	Cosmetic up to \$105 Medically necessary: covered in full	Cosmetic up to \$105 Medically necessary: covered in full	Cosmetic up to \$105 Medically necessary: covered in full
Non-Member Doctor Reimbursement Amount:			
Examination	\$45	\$45	\$45
Lenses	\$45	\$45	\$45
Single Vision	\$45	\$45	\$45
Bifocal	\$65	\$65	\$65
Trifocal	\$85	\$85	\$85
Frames	\$47	\$47	\$47
Contact Lenses	Cosmetic up to \$105 Medically necessary: \$210	Cosmetic up to \$105 Medically necessary: \$210	Cosmetic up to \$105 Medically necessary: \$210
Balance of cost of frames	Paid at wholesale	Paid at wholesale	Paid at wholesale
Employee Premium	\$8.80	\$10.25	\$13.60
Employee +1	\$12.65	\$14.65	\$19.50
Employee +2	\$21.20	\$24.60	\$32.70

This is intended only as a general description of the Plan's benefits. It is not a contract. For additional benefit information, exclusions, limitations and rates, please refer to the Plan's "Disclosure Form and Evidence of Coverage".

Eligibility Requirements: All eligible employees must enroll unless they waive all health coverage due to being on another group sponsored plan (e.g. Spouse's plan) To enroll at A later date, they must provide a loss of coverage letter.