

**MANUFACTURER & BUSINESS ASSOCIATION**

Number of Employees: 5,000  
 \$0 Exam / \$0 Materials Copay  
 Dependent Age: 26 (EOBM)

| Frequency Type:<br>Last Date of Service | Employee  | Spouse    | Children  |
|---|-----------|-----------|-----------|
| Vision Exam                             | 12 Months | 12 Months | 12 Months |
| Lenses                                  | 12 Months | 12 Months | 12 Months |
| Frames                                  | 12 Months | 12 Months | 12 Months |

| Benefits:<br>Employee Can Select Either                    | VBA Participating Provider<br>Amount Covered/Benefit | Out-of-Network<br>Max Reimbursement<br>(Zero Copay) |
|--|--|---|
| <b>Vision Exam</b> (Glasses or Contacts)                   | Covered in Full                                      | \$40  |
| <b>Clear Standard Lenses</b> (Pair):                       |  |   |
| Single Vision  | Covered in Full                                      | \$40  |
| Bifocal  | Covered in Full                                      | \$60  |
| Blended Bifocal  | Covered in Full                                      | \$60  |
| Trifocal   | Covered in Full                                      | \$80  |
| Progressives   | Partially-Covered                                    | \$80  |
| Lenticular   | Covered in Full                                      | \$120   |
| Polycarbonate  | Covered in Full for<br>Persons Up to Age 19          | N/A   |
| Basic Scratch Coating                                      | Covered in Full                                      | N/A   |
| <b>Frame</b> (Wholesale Allowance)                         | Up to \$50 <sup>A</sup>                              | \$50  |
| <b>-OR-</b>  |  |   |
| <b>Elective Contacts</b> (in lieu of eyeglass benefits)    |  |   |
| Material Allowance   | Up to \$150 <sup>B</sup>                             | \$150   |
| Elective Fitting Fee and Evaluation                        | 15% off UCR  | N/A   |
| <b>-OR-</b>  |  |   |
| <b>Medically Necessary Contacts</b>                        | Covered in Full <sup>C</sup>                         | \$450   |
| <b>Low Vision Aids</b> (Per 24 Months.<br>No Lifetime Max) | N/A  | \$650   |
| <b>-AND-</b>   |  |   |
| Lasik Surgery (once every 8 years)                         | N/A  | \$200   |

Where an "allowance" is shown above, the Member is responsible for paying any charges in excess of the allowance less any applicable copay.

Benefits and participation may vary by location, including, but not limited to, Costco® Optical, Pearle Vision, LensCrafters®, Target Optical® and Boscov's™

A Approximately \$125 to \$150 retail.

B The allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials.

C Requires prior approval. May only be selected in lieu of all other material benefits listed herein.

**Cost Per Employee Per Month**

| Employee Only | Employee + 1 | Employee + Family |
|---------------|--------------|-------------------|
| \$5.51        | \$10.43      | \$14.23           |