

**MANUFACTURER & BUSINESS ASSOCIATION**

Safety Glass Plan

\$0 Materials Copay

<b>Frequency Type:</b> Last Date of Service
<b>Lenses</b>
<b>Frames</b>

<b>Employee</b>
24 Months
24 Months

<b>Benefits:</b> Employee Can Select Either
<b>Clear Standard Lenses</b> (Pair):
Single Vision
Bifocal
Blended Bifocal
Trifocal
Progressives
Lenticular
Polycarbonate
Basic Scratch Coating
<b>Frame</b> (Wholesale Allowance)

<b>VBA Participating Provider Amount Covered/Benefit</b>
Covered in Full
Covered in Full
Covered in Full
Covered in Full
Partially-Covered
Covered in Full
Covered in Full
Covered in Full
Up to \$50 <sup>A</sup>

<b>Out-of-Network Max Reimbursement (Zero Copay)</b>
\$40
\$60
\$60
\$80
\$80
\$120
N/A
N/A
\$50

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.

**Cost Per Employee Per Month**

**Employee Only**

\$3.10