



Expert Solutions. Exceptional Service.

VISION QUOTE MANUFACTURER & BUSINESS ASSOCIATION

Option 4 - Platinum
Number of Employees: 5,000
\$0 Exam / \$0 Materials Copay
Glasses & Contacts in Same Benefit Period

FREQUENCY OF SERVICE: Last Date of Service	DEPENDENT AGE: 26		
	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: Employee can select either:

	VBA Participating Provider Amount Covered/Benefit	Non-Participating Provider Amount Reimbursed
Vision Exam (Glasses or Contacts)	100%	\$40
Clear Standard Lenses (Pair):		
Single Vision	100%	\$40
Bifocal	100%	\$60
Blended Bifocal	100%	\$60
Trifocal	100%	\$80
Progressives ^D	Controlled Cost ^E	\$80
Lenticular	100%	\$120
Polycarbonate ^C	100%	N/A
Scratch Coat-1 Yr	100%	N/A
Frame^B	100%	\$50
Elective Contacts		
Material Allowance	\$150	\$150
Fitting Fee	15% off UCR ^A	N/A
-OR-		
Medically Necessary Contacts^F	100%	\$450
Low Vision Aids (Per 24 Months. No Lifetime Max)	\$650	\$650
-AND-		
Lasik Surgery (once every 8 years)	N/A	\$200

- A Usual, Customary, and Reasonable.
- B Within the program's \$50 wholesale allowance (approximately \$125 to \$150 retail).
- C Available In-Network at no charge for children under age 19.
- D Progressive lenses typically retail from \$150 to \$400, depending on lens options. VBA's controlled costs generally range from \$45 to \$175.
- E Unless otherwise prohibited by law.
- F Medically Required Contacts may only be selected in lieu of all other material benefits listed herein.

COST PER EMPLOYEE PER MONTH			
	Employee Only	Employee + 1	Employee + Family
	\$6.76	\$12.74	\$17.68