



Expert Solutions. Exceptional Service.

VISION QUOTE MANUFACTURER & BUSINESS ASSOCIATION

Option 2 - Silver
Number of Employees: 5,000
\$0 Exam / \$0 Materials Copay

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	24 Months	24 Months	24 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
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
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

COST PER EMPLOYEE PER MONTH

	Employee Only	Employee + 1	Employee + Family
	\$4.00	\$7.59	\$10.40