

PLAN DESIGN – VISION

Plans may be offered on a Voluntary or Contributory Basis



	Option I		Option II	
	In Network	Out of Network	In Network	Out of Network
Routine Vision Exams	\$0 Copay, Once every 12 months	Reimbursement of up to \$40	\$10 Copay, Once every 12 months	Reimbursement of up to \$40
Single Vision Lenses	\$0 Copay, Once every 12 months	Reimbursement of up to \$40	\$25 Copay, Once every 12 months	Reimbursement of up to \$40
Frame Benefits	\$130 Allowance	Reimbursement of up to \$45	\$150 Allowance, Once every 24 months	Reimbursement of up to \$45
Contact Lenses	Formulary: up to 4 boxes Non-Formulary: \$125 Allowance Necessary Contact Covered in Full After Copay	Elective Reimbursement of up to \$125 Necessary Reimbursement of up to \$210	Formulary: up to 4 boxes Non-Formulary: \$150 Allowance Necessary Contact Covered in Full After Copay	Elective Reimbursement of up to \$150 Necessary Reimbursement of up to \$210