

MANUFACTURER & BUSINESS ASSOCIATION

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

Frequency Type: 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: Employee Can Select Either	VBA Participating Provider Amount Covered/Benefit	Out-of-Network Max Reimbursement (Zero Copay)
Vision Exam (Glasses or Contacts)	Covered in Full	\$40
Clear Standard Lenses (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 Persons Up to Age 19	N/A
Basic Scratch Coating	Covered in Full	N/A
Frame (Wholesale Allowance)	Up to \$50 ^A	\$50
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	Up to \$150 ^B	\$150
Elective Fitting Fee and Evaluation	15% off UCR	N/A
-OR-		
Medically Necessary Contacts	Covered in Full ^C	\$450
Low Vision Aids (Per 24 Months. No Lifetime Max)	N/A	\$650
-AND-		
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