



Stand Alone Indemnity Vision – Plan A

<i>Benefit</i>	<i>Benefit Frequency</i>	<i>Maximum Benefit</i>
Exam	Once every 12 months	\$60
Single Lens**	Once every 12 months	\$35
Bifocal Lens**	Once every 12 months	\$55
Trifocal lens**	Once every 12 months	\$65
Lenticular Lens	Once every 12 months	\$150
Frames	Once every 12 months	\$80
Contact Lenses***	Once every 12 months	\$100

Stand Alone Indemnity Vision – Plan B

<i>Benefit</i>	<i>Benefit Frequency</i>	<i>Maximum Benefit</i>
Exam	Once every 12 months	\$60
Single Lens**	Once every 12 months	\$35
Bifocal Lens**	Once every 12 months	\$55
Trifocal lens**	Once every 12 months	\$65
Lenticular Lens	Once every 12 months	\$150
Frames	Once every 24 months	\$80
Contact Lenses***	Once every 12 months	\$100

Stand Alone Indemnity Vision – Plan C

<i>Benefit</i>	<i>Benefit Frequency</i>	<i>Maximum Benefit</i>
Exam	Once every 12 months	\$60
Single Lens**	Once every 12 months	\$35
Bifocal Lens**	Once every 12 months	\$55
Trifocal lens**	Once every 12 months	\$65
Lenticular Lens	Once every 12 months	\$150
Frames	Once every 24 months	\$80
Contact Lenses***	Once every 24 months	\$100

Stand Alone Indemnity Vision – Plan D

<i>Benefit</i>	<i>Benefit Frequency</i>	<i>Maximum Benefit</i>
Exam	Once every 12 months	\$60
Single Lens**	Once every 24 months	\$35
Bifocal Lens**	Once every 24 months	\$55
Trifocal lens**	Once every 24 months	\$65
Lenticular Lens	Once every 24 months	\$150
Frames	Once every 24 months	\$80
Contact Lenses***	Once every 24 months	\$100

** Only one type of lens benefit is payable during the benefit period

*** Contact lenses may be covered in lieu of frames and lenses or may be covered in addition to frames and lenses, depending on option purchased.

- Three different co-pay levels to choose from - \$0, \$10 or \$25 (co-pays apply once per year per insured)
- See your choice of any licensed Ophthalmologist or Optometrist
- No waiting periods