

BEST Stand Alone Vision

Employer-sponsored vision plan

For groups with 10 or more employees
See any licensed M.D. or O.D.
Coverage for annual visual exam, frames,
lenses and contacts



Our Heritage is Our Strength

BEST Stand Alone Vision • an employer-sponsored vision plan

Benefit	Benefit Frequency	A	B	C	D	Maximum Benefit*
Exam	Once every	12	12	12	12 mos.	\$60
Single Lens**	Once every	12	12	12	24 mos.	\$35
Bifocal Lens**	Once every	12	12	12	24 mos.	\$55
Trifocal Lens**	Once every	12	12	12	24 mos.	\$65
Lenticular Lens	Once every	12	12	12	24 mos.	\$150
Frames	Once every	12	24	24	24 mos.	\$80
Contact Lenses***	Once every	12	12	24	24 mos.	\$100

- Three different co-pay levels to choose from - \$0, \$10 or \$25
- See your choice of any licensed Ophthalmologist or Optometrist
- No waiting period

* Maximum reimbursement amounts described above are payable once during every 12 or 24 month period, depending on the actual plan option purchased by the employer.

** 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 the option purchased.

Indemnity rates with a One Year Rate Guarantee

See Attached for current rates

Contact Northwest Marketing Resources, Inc. for more information
800.565.0313 Email info@northwestmarketingresources.com

