



Voluntary Vision

For Groups with 3 or more full-time employees

Only 1 employee needs to enroll!

Rates as of July 1, 2009, good through October 1, 2010

Vision Benefits At A Glance

		Plan B	Plan A
Service	Benefit	Frequency	Frequency
Eye Exam	\$40.00	1 Per Year	1 Per Year
Single Vision Lens	\$60.00	1 Per Year	1 Per 2 Years
Bifocal Lens	\$90.00	1 Per Year	1 Per 2 Years
Trifocal Lens	\$130.00	1 Per Year	1 Per 2 Years
Progressive Lens	\$150.00	1 Per Year	1 Per 2 Years
*Contacts (Pair)	\$90.00	1 Per Year	1 Per 2 Years
Frames	\$45.00	1 Per Year	1 Per 2 Years

*Contact lens benefit is in lieu of other material benefits.

Benefit for one contact lens is half of benefit year allowance.

Vision Rate

	Plan B	Plan A
	Rate	Rate
Single	\$4.50	\$4.00
EE + 1	\$9.00	\$8.00
Family	\$12.30	\$11.00
Billing Fee	\$10.00	\$10.00

Call Today, or go online

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