

Olympic Benefits Trust (OBT)
Vision Plans - VSP Advantage Plan as of 1/1/2023
Quality Vision Care at Affordable Rates
This Plan Utilizes the Advantage Network with VSP

<u>Benefits (For All Plans)</u>	<u>**Member Provider Benefit</u>	<u>Open Access Provider</u>
Vision Exam	Covered in full*	Up to \$45.00*
Lenses (per pair)		
Single Vision	Covered in full*	Up to \$30.00*
Lined Bifocals	Covered in full*	Up to \$50.00*
Lined Trifocals	Covered in full*	Up to \$60.00*
Lenticular	Covered in full*	Up to \$75.00*
Standard Progressives	Covered in full*	Up to \$50.00*
Contact Lenses		
Visually Necessary		
Professional Fees/Materials	Covered in full*	Up to \$210.00*
Elective		
Professional Fees/Materials	Up to \$150.00*	Up to \$100.00*
<i>Visually Necessary or Elective Contact Lenses are provided in lieu of all other lens and frame benefits.</i>		
Frames	Up to \$150.00*	Up to \$50.00*
Featured Frame Brands	Up to \$170.00*	
Walmart	Up to \$150.00*	
Costco	Up to \$80.00*	

*Less any applicable Copayment. (These benefits are as of January 1st 2023)

Frequency of Benefits	<u>Mod Plan A</u>	<u>Plan B</u>	<u>Plan C</u>
Vision Exam	Every 24 Months	Every 12 Months	Every 12 Months
Lenses	Every 24 Months	Every 12 Months	Every 12 Months
Frames	Every 24 Months	Every 24 Months	Every 12 Months
Copayments	\$20 Exam \$20 Lenses & Frames	\$20 Exam \$20 Lenses & Frames	\$25 Exam & Lenses & Frames

Rates:	<u>Mod Plan A</u>	<u>Plan B</u>	<u>Plan C</u>
Employee Only	\$5.52	\$7.07	\$8.42
Employee + 1 Dep	\$7.95	\$10.17	\$12.11
Employee + Family	\$13.38	\$17.17	\$20.54

Features

- Can be written stand alone or with the OBT Delta Dental Plan.
- Available to member firms Stand Alone at 3, if sold with OBT Dental 2 lives(100% participation)
- Plan renews every January 1st for all groups. **(next rate review scheduled for 1-1-2025)**
- Premium includes administration fees as well as the Producer commission.