

Vision renewal

Vision Benefit Summary

Current		
Plan: SF006 Type: VOLUNTARY		
	Services & Materials	Amount
In-Network Copay	Exam	\$10
	Materials	\$25
Frequencies	Exam	1 x per 12 mos
	Lenses	1 x per 12 mos
	Frames	1 x per 12 mos
Out-of-Network Reimbursement	Exam	Up to \$40
	Single Lenses	Up to \$40
	Bifocal Lenses	Up to \$60
	Trifocal Lenses	Up to \$80
	Lenticular Lenses	Up to \$80
	Frames	Up to \$45
	Elective Contacts	Up to \$105

Monthly Rates/Premiums

	Rate
Employee	\$5.76
Empl + Spouse	\$10.93
Empl + Child	\$12.82
Empl + Fam	\$18.05
Monthly Premium	

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Monthly Premium	

Change from current: **0.0%**

- Vision plans have a 24 month rate guarantee from contract issuance. The rates displayed within this package will be effective through 09/30/2023. The rate guarantee is subject to change based upon changes to the policy and/or plan structure.