

Vision Benefit Summary and Rates

Renewal		
Plan: SF006 Type: VOLUNTARY		
	Services & Materials	Amount
In-Network Copay	Exam	\$10
	Materials	\$25
Allowances	Frame	\$130
	Elective Contact Lens	\$105
Frequencies	Exam	1 x per 12 mos
	Lenses	1 x per 12 mos
	Frame	1 x per 12 mos
Out-of-Network Reimbursement	Exam	Up to \$40
	Eyeglass Lenses	Up to \$80
	Frame	Up to \$45

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