

ALLIED

Available to Groups of 10 or More Employees

MANAGED VISION CARE PROGRAM \$20 Copayment Plan

FREQUENCY OF SERVICE:

	<u>Employee</u>	<u>Spouse</u>	<u>Children (to age 19)</u>
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months

STUDENT AGE: 25

BENEFITS:

EMPLOYEE CAN SELECT EITHER:

	<u>VBA Participating Doctor (15,000 Nationwide) Amount Covered (Less Copayment*)</u>	<u>OR</u>	<u>Non-Participating Doctor Amount Reimbursed (No Copayment)</u>
Vision Exam	100%		\$ 35.00
Clear Standard Lenses (Pair):			
Single Vision	100%		\$ 30.00
Bifocal	100%		40.00
Blended "No-Line" Bifocals	100%		40.00
Trifocal	100%		60.00
Progressives*****	Controlled Cost		60.00
Lenticular	100%		80.00
1 Yr Scratch Protection	100%		N/A
Polycarbonate Lens Material****	100%		N/A
Frame	100%***		\$ 45.00
- OR -			
Contacts (Includes the vision exam allowance):			
Selected In Lieu of Glasses	\$110.00		\$ 110.00
Medically Required	UCR**		250.00

Laser Vision Correction: Discount off of prevailing fees at **TLC Laser Eye Centers.**

Hearing Aid Discount: Available through **VBA's TruHearing Program.**

* A \$20 copayment applies to the total cost of the lenses and/or frames ordered from a VBA Member Doctor only, but does not apply to the exam or contacts.

** Usual, Customary and Reasonable as determined by VBA.

*** Within the program's \$50 wholesale allowance (approximately \$100 to \$135 retail).

**** Available In-Network at no charge for children under age 19.

***** Progressive Lenses typically retail from \$100 to \$300, depending on lens options. VBA's controlled costs generally range from \$45 to \$130.

COST PER EMPLOYEE PER MONTH: Rates are guaranteed for the full 2 years of the contract, and assume that the Company will pay the premium of all eligible employees. The employee, however, may choose to cover his or her dependents by paying the difference between the Employee Only rate and the Employee + Family rate. Once dependent coverage is selected, contributions must be maintained throughout the 24 month contract period.

Employee Only
(Paid By Company)

\$3.90

Employee + Family
(Diff. Paid By Employee)

\$11.79

ALLIED

Available to Groups of 10 or More Employees

MANAGED VISION CARE PROGRAM

\$35.00 Copayment Plan

FREQUENCY OF SERVICE:

	<u>Employee</u>	<u>Spouse</u>	<u>Children (to age 19)</u>
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months

STUDENT AGE: 25

BENEFITS:

EMPLOYEE CAN SELECT EITHER:

	<u>VBA Participating Doctor (15,000 Nationwide) Amount Covered (Less Copayment*)</u>	<u>Non-Participating Doctor Amount Reimbursed (No Copayment)</u>
Vision Exam	100%	\$ 35.00
Clear Standard Lenses (Pair):		
Single Vision	100%	\$ 30.00
Bifocal	100%	40.00
Blended "No-Line" Bifocals	100%	40.00
Trifocal	100%	60.00
Progressives*****	Controlled Cost	60.00
Lenticular	100%	80.00
1 Yr Scratch Protection	100%	N/A
Polycarbonate Lens Material****	100%	N/A
Frame	100%***	\$ 45.00
- OR -		
Contacts (Includes the vision exam allowance):		
Selected In Lieu of Glasses	\$110.00	\$ 110.00
Medically Required	UCR**	250.00

Laser Vision Correction: Discount off of prevailing fees at **TLC Laser Eye Centers**.

Hearing Aid Discount: Available through **VBA's TruHearing Program**.

* A \$10 copayment applies to the vision exam and a \$25 copayment applies to the total cost of the lenses and/or frames ordered from a VBA Member Doctor only, but does not apply to the contacts.

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**** Available In-Network at no charge for children under age 19.

***** Progressive Lenses typically retail from \$100 to \$300, depending on lens options. VBA's controlled costs generally range from \$45 to \$130.

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Employee Only
(Paid By Company)

\$2.89

Employee + Family
(Diff. Paid By Employee)

\$8.92