

**Broker/Employer Benefit Comparison**  
 (Do not distribute to employees)

Available Plans and Rates Effective 03/01/24 – 02/28/26

	Option 1 (009)		Option 2 (2712)		Option 3 (2713)		Option 4 (4146) NEW	
<b>Single</b>	\$5.76		\$7.85		\$8.70		\$10.44	
<b>Family</b>	\$11.51		\$15.65		\$17.40		\$20.88	
	<b>Frequency of Services:</b>		<b>Frequency of Services:</b>		<b>Frequency of Services:</b>		<b>Frequency of Services:</b>	
	19 & Older	Under Age 19	19 & Older	Under Age 19	19 & Older	Under Age 19	19 & Older	Under Age 19
<b>Exam</b>	24	12	12	12	12	12	12	12
<b>Lenses</b>	24	12	12	12	12	12	12	12
<b>Frames</b>	24	24	24	24	12	12	12	12

**Note: A \$5 monthly administrative billing fee is charged per employer group.**

	<b>Plan Options 1-3 BENEFITS</b>	<b>Plan Option 4 Only BENEFITS</b>
	<b>VBA In-Network Participating Provider (Amount Covered / Benefit) (Zero Copayment)</b>	<b>VBA In-Network Participating Provider (Amount Covered / Benefit) (Zero Copayment)</b>
<b>Vision Exam (Glasses or Contacts)</b> ~ Only covers 1 exam, not both	100%	N/A
<b>Vision Exam (Glasses &amp; Contacts)</b> ~ Cover both exams	N/A	100%
<b>Clear Standard Lenses (Pair):</b>		
<b>Single Vision</b>	100%	100%
<b>Bifocal</b>	100%	100%
<b>Blended "No-Line" Bifocals</b>	100%	100%
<b>Trifocal</b>	100%	100%
<b>Progressive<sup>D</sup></b>	Controlled Cost <sup>E</sup>	Controlled Cost <sup>E</sup>
<b>Lenticular</b>	100%	100%
<b>Polycarbonate<sup>C</sup></b>	100%	100%
<b>Scratch Coat – 1 Yr</b>	100%	100%
<b>Frame<sup>B</sup></b>	100%	100%
<b>Elective Contacts</b>	<b>- OR -</b> (in lieu of eyeglass benefits)	<b>- AND -</b>
<b>Material Allowance</b>	\$110	\$110
<b>Fitting Fee</b>	15% off UCR <sup>A</sup>	15% off UCR <sup>A</sup>
<b>Medically Required Contacts<sup>F</sup></b>	If medically required, will pay 100% in lieu of all other material benefits listed herein.	

<b>Low Vision Aids</b> (Per 24 Months. No Lifetime Max)	\$650	\$650
<b>Laski Surgery (once every 8 years)</b>	\$125 Reimbursement	

- A Usual, Customary and Reasonable as determined by VBA
- B Within the program's \$50 wholesale allowance (approximately \$125 to \$150 retail )
- C Available In-Network at no charge for children under age 19
- D Progressive Lenses typically retail from \$150 to \$400, depending on lens options. VBAs controlled costs generally range from \$45 to \$175.
- E Unless otherwise prohibited by law
- F Medically Required Contacts may only be selected in lieu of all other material benefits listed herein.