

EyeMed Pennsylvania Small Group Rates and Plans Comparisons

Select Plan H - Medium Option			
Utilization Frequency	In-Network		Out-of-Network
Examinations Lenses or Contact Lenses Frames	Once per 12 months Once per 12 months Once per 24 months		
Benefits	In-Network		Out-of-Network
Exam with Dilation as Necessary	\$10 copay		Up to \$35
Contact Lens Exam Options Standard Contact Lens Fit & Follow Up Premium Contact Lens Fit & Follow Up	Up to \$40 10% off Retail		N/A N/A
Frames Any available frame at provider location	\$0 copay; \$120 allowance 20% off balance over \$120		Up to \$48
Standard Plastic Lenses Single Vision Bifocal Trifocal Standard Progressives Premium Progressives	\$25 copay \$25 copay \$25 copay \$25; 20% off retail price less \$55 allowance \$25; 20% off retail price less \$55 allowance		Up to \$25 Up to \$40 Up to \$60 Up to \$40 Up to \$40
Lens Options Tint (solid and Gradient) UV Coating Standard Scratch-Resistance Standard Polycarbonate Standard Anti-Reflective Other Add-Ons and Services	20% off Retail Price 20% off Retail Price 20% off Retail Price 20% off Retail Price 20% off Retail Price 20% off Retail Price		N/A N/A N/A N/A N/A N/A
Contact Lenses Conventional Disposable Medically Necessary	\$135 Retail Allowance 15% off balance over \$135 \$115 Retail Allowance \$0 Copay; Paid in Full		Up to \$95 Up to \$95 Up to \$200
Additional Discounts:	40% discount off complete pair eyeglass purchases 15% discount off conventional contact lenses		N/A
LASIK and PRK Vision Correction	15% off retail price OR 5% off promotional price		N/A
Rates	Employer Paid / Bundled		100% Employee Paid
	3 Tier	4 Tier	3 Tier 4 Tier
Employee Only	\$4.76	\$4.76	\$6.24 \$6.24
Employee + Spouse	\$9.00	\$9.00	\$11.84 \$11.84
Employee + Child[ren]	-----	\$9.48	----- \$12.44
Employee + Family	\$13.24	\$13.92	\$17.36 \$18.28
Rates Assume: Contract Term/Rate Guarantee: Commission Level:	10 to 500 Eligible Employee: 48 Months 10% Commission		

Please Note: Mixed contribution rates are available via EyeMed's website, where the employer pays 100% for employee and 0% for dependents (or 50% each), with no tie to medical or dental plan enrollment.

Given 30 days plan-sold notification received by EyeMed, the above rates are valid through 6/1/2008. EyeMed Sales Representatives require at least 30 days prior to implementation/plan start to begin the implementation process.

EyeMed Vision Care requires 10 employees be enrolled and maintained on the plan for rates to be valid.

The above summary is provided as a service to assist with analysis of vision benefits. This is not a contract but a comparison of benefits. Where discrepancies may occur, the official EyeMed proposed plan summary and the insurance policy including plan provisions, limitations, and exclusions will control. Insured plans are underwritten by Fidelity Security Life Insurance Company, Kansas City, Missouri except in New York. Fidelity Security Life Insurance Company policy number VC-19 and VC-20; form number M-9004.

Limitations and exclusions apply as set forth in the applicable Certificate of Insurance.

