



Advantage Plus Plan Vision

Monthly Stand-Alone Voluntary Vision Care Rates

Advantage Plus Benefit Frequency & Plan Design

	<u>EXAMINATION</u>	<u>SPECTACLE LENSES</u>	<u>FRAME</u>	<u>CONTACT LENSES</u>
PLAN B	<i>12 months</i>	<i>12months</i>	<i>24 months</i>	<i>12months</i>

Advantage Plus Schedule of Benefits

	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
<u>Eye Examination</u>	Covered in full (after the exam copay* is met)	Reimbursed up to \$35.00
<u>Spectacle Lenses (pair)</u>		
<i>-Standard Single Vision</i>	Covered in full (after the materials copay* is met)	Reimbursed up to \$25.00
<i>-Standard Bifocal</i>	Covered in full (after the materials copay* is met)	Reimbursed up to \$40.00
<i>-Standard Trifocal</i>	Covered in full (after the materials copay* is met)	Reimbursed up to \$60.00
<i>-Standard Lenticular</i>	Covered in full (after the materials copay* is met)	Reimbursed up to \$80.00
<i>-Progressive</i>	20% off U&C, plus \$50 allowance (after the materials copay* is met)	Reimbursed up to \$40.00
<u>Lens Options</u>		
<i>-Specialty Lenses (polycarbonate, hi-index, photochromatic, etc)</i>	Preferred Pricing (20% off retail) plus allowance for standard lenses (after the materials copay* is met)	Reimbursed up to allowance for standard lenses
<i>-Lens tints, coatings, cosmetic finishing, etc</i>	Preferred Pricing (20% off retail)	No Benefit
<u>Frame</u>	<u>Frames up to a \$50 wholesale cost (approx. retail of \$100 to \$150)</u> <u>\$68.00 Retail at all Corporate Wal-Mart locations</u> Covered in full (after the materials copay* is met)	Reimbursed up to \$45.00
<u>Contact Lenses</u>	<i>(In lieu of frame and spectacle lenses)</i>	<i>(In lieu of all other benefits)</i>
<i>-Elective</i>	<u>\$130 allowance</u>	Reimbursed up to <u>\$130.00</u>
<i>-Medically Necessary</i>	Covered in full	Reimbursed up to \$250.00
<u>LASIK Surgery Benefit</u>	<i>In lieu of all other services for the benefit year – This is a one-time, life-time allowance.</i>	
	Provider discount up to 25% plus \$150 allowance	Reimbursed up to \$150

Advantage Plus Monthly Rates

<i>Plan B (12/12/24/12)</i>	<u>\$10/\$25 Copay</u>
<i>Employee Only</i>	
<i>Employee +Spouse</i>	
<i>Employee + Child(ren)</i>	
<i>Employee + Family</i>	

* \$10/25co-pay includes a \$10 co-pay for the exam and a \$25 co-pay for materials (spectacle lenses & frame).
Co-pays do not apply for out-of-network reimbursement, contact lens benefits, or LASIK Surgery.

- Policies and rates are guaranteed for two (2) years.
- Employees who elect not to enroll during the initial plan enrollment period must wait until the next plan enrollment period to enroll.