



Key Benefit Administrators, Inc.

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
----------------------	------------------------	-------------------------------------

EXAM SERVICES

Exam	\$10 copay	Up to \$40
------	------------	------------

FRAME

Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$104
-------	---	-------------

CONTACT LENSES

(Contact Lens allowance includes materials only)

Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$130
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$130
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300

STANDARD PLASTIC LENSES

Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$70
Lenticular	\$25 copay	Up to \$70
Progressive - Standard	\$80 copay	Up to \$50
Progressive - Premium Tier 1	\$110 copay	Up to \$50
Progressive - Premium Tier 2	\$120 copay	Up to \$50
Progressive - Premium Tier 3	\$135 copay	Up to \$50
Progressive - Premium Tier 4	\$200 copay	Up to \$50

LENS OPTIONS

Anti Reflective Coating - Standard	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1	\$57 copay	Up to \$5
Anti Reflective Coating - Premium Tier 2	\$68 copay	Up to \$5
Anti Reflective Coating - Premium Tier 3	\$85 copay	Up to \$5
Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$20

Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option Shelf Plan 1

Exam & Materials

Insight Network

Fully Insured

Employee Paid

Funded Benefits

Frequency

Examination

Once every 12 months

Lenses (in lieu of contacts)

Once every 12 months

Contacts (in lieu of lenses)

Once every 12 months

Frame

Once every 24 months

Terms

Contract Term

48 months

Rate Guarantee

48 months

MONTHLY RATES

Subscriber	\$7.02
Subscriber + Spouse	\$13.34
Subscriber + Child(ren)	\$14.04
Subscriber + Family	\$20.64