



VISION PLANS

Employer Rate Sheet

VOLUNTARY

As an employer, you understand the advantages of providing healthcare benefits for your employees. Arkansas Blue Cross and Blue Shield group vision plans are an important part of any benefits package. Arkansas Blue Cross through VSP* will help your employees get vision coverage that's clearly a good choice.

Arkansas Blue Cross
GOLD VISION

VOLUNTARY

Employee	\$9.00
Family	\$25.67
Employee & Spouse	\$16.67
Employee & Child	\$18.02

Questions? Contact your Arkansas Blue Cross marketing representative or agent to learn more about our vision plans.

*On behalf of Arkansas Blue Cross and Blue Shield, Vision Service Plan assists in the administration of vision benefits. VSP is an independent company that operates separately from Arkansas Blue Cross and Blue Shield, and contracts with vision care providers and provides lenses, frames and contact lenses.



Arkansas
BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association



Employee	\$9.00
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Employee & Spouse	\$16.67
Employee & Child	\$18.02

Schedule of Benefits

Effective Date: 03/01/2016

Document Creation Date: 03/22/2016

Vision Coverage Information Gold

<u>Benefit</u>	<u>Frequency Period</u>	<u>In-Network Coverage</u>
Eye Examination <i>(including dilation when indicated)</i>	<u>Once Every-</u> 12 Months	\$10.00 Copayment
Spectacle Lens	12 Months	\$20.00 Copayment
Frame	24 Months	\$150.00 Allowance + 20% discount
Contact Lenses <i>(in lieu of eyeglasses)</i>	12 Months	\$150.00 Allowance
Contact Lens Evaluation, Fitting & Follow-up Care		up to a \$60 Copayment
Necessary Contact Lens <i>(with Prior Verification)</i> Materials, Evaluation, Fitting & Follow-up Care		Included
<u>Eyeglasses - Spectacle Lens Benefits</u>		
Clear plastic single-vision, lined bi-focal, trifocal or lenticular lens (any Rx)		Included
Oversize lens		Included
Scratch-resistant coating		Included
Tinting of plastic lens		\$15.00
Polycarbonate lens		Included for children 18 or less
Standard Progressive Lens		\$55.00
Ultraviolet Coating		\$16.00
Standard Anti-reflective (AR) coating		\$41.00
Premium AR coating		up to \$41 + 15% discount
Premium Progressive Lens (Varilux®, etc)		(\$95 - \$105)
High Index Lens		20% discount
Polarized Lens		20% discount
Plastic Photosensitive Lens		20% discount

Discounts are available at most Participating Provider locations.

IMPORTANT NOTICE

This Schedule of Benefits is effective 03/01/2016. If you, your Employer or the Company makes any modifications in your coverage after this effective date, the Company will send you a new Schedule of Benefits and Identification Card that will replace this one. Please make sure you attach your most current Schedule of Benefits to this Benefit Certificate.