

## **MANUFACTURER & BUSINESS ASSOCIATION**

## Safety Glass Plan

\$0 Materials Copay

Frequency Type: Last Date of Service	Employee
Lenses	24 Months
Frames	24 Months

<b>Benefits:</b> Employee Can Select Either	VBA Participating Provider Amount Covered/Benefit	Out-of-Network Max Reimbursement (Zero Copay)
Clear Standard Lenses (Pair):		
Single Vision	Covered in Full	\$40
Bifocal	Covered in Full	\$60
Blended Bifocal	Covered in Full	\$60
Trifocal	Covered in Full	\$80
Progressives	Partially-Covered	\$80
Lenticular	Covered in Full	\$120
Polycarbonate	Covered in Full	N/A
Basic Scratch Coating	Covered in Full	N/A
Frame (Wholesale Allowance)	Up to \$50 <sup>A</sup>	\$50

Where an "allowance" is shown above, the Member is responsible for paying any charges in excess of the allowance less any applicable copay. Benefits and participation may vary by location, including, but not limited to, Costco® Optical, Pearle Vision, LensCrafters®, Target Optical® and Boscov's™ A Approximately \$125 to \$150 retail.

Cost Per Employee Per Month

**Employee Only** 

\$3.19