

Copayments	Option A	Option B
Exam	\$10	\$10
Materials	\$25	\$10
Contact Lens Fitting	\$25	\$10

Benefits	In-Network	Out of Network	Services/Frequency
Exam – Ophthalmologist	Covered in Full	Up to \$42	12 months
Exam – Optometrist	Covered in Full	Up to \$36	12 months
Frames	\$125 Retail Allowance	Up to \$45	24 months
Contact Lens Fitting (Standard)	Covered in Full	Not Covered	12 months
Contact Lens Fitting (Specialty)	\$50 Retail Allowance	Not Covered	12 months
Lenses (Standard) per Pair:			
Single Vision	Covered in Full	Up to \$28	12 months
Bifocal	Covered in Full	Up to \$42	12 months
Trifocal	Covered in Full	Up to \$56	12 months
Progressive	Covered to Provider’s Retail Lined Trifocal Rate	Up to \$56	12 months
Lenticular	Covered in Full	Up to \$78	12 months
Contact Lenses	\$120 Retail Allowance	Up to \$100	12 months
Medically Necessary Contact Lenses	Covered in Full	Up to \$210	12 months

	Monthly Premium	Contributory Rates		Voluntary Rates	
		Option A	Option B	Option A	Option B
Two Tier Rates	Employee Only	\$5.28	\$6.20	\$8.14	\$9.60
	Employee + Family	\$13.26	\$15.56	\$20.42	\$24.10
Three Tier Rates	Employee Only	\$5.28	\$6.20	\$8.14	\$9.60
	Employee + 1 Dependent	\$10.24	\$12.04	\$15.78	\$18.62
	Employee + Family	\$15.04	\$17.66	\$23.20	\$27.36
Four Tier Rates	Employee Only	\$5.28	\$6.20	\$8.14	\$9.60
	Employee + Spouse	\$10.44	\$12.24	\$16.10	\$18.98
	Employee + Child(ren)	\$10.22	\$11.98	\$15.76	\$18.62
	Employee + Family	\$15.54	\$18.24	\$23.98	\$28.34

Conditions

- Quotes are guaranteed for 2 years.
- Materials copayment applies to lenses and frames only, not contact lenses.
- Standard Contact Lens Fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only.
- Specialty Contact Lens Fitting applies to new contact wearers and/or those who wear toric, gas permeable, or multi-focal lenses.
- Contact lenses are in lieu of eyeglass lenses and frames benefit.

Participation Requirements:

- 2-5 Employees** – 100% Participation
- 6-10 Employees** – 75% Participation
- 10+ Employees** – 50% Participation

For voluntary vision coverage, the participation requirement is a minimum of 3 employees covered or at least 20% of eligibles.

For questions about this proposal, contact your QualChoice Regional Sales Manager.

Products underwritten by National Guardian Life Insurance Company and marketed by QualChoice. National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America, aka The Guardian or Guardian Life.



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Exam – Ophthalmologist	Covered in Full	Up to \$42	12 months
Exam – Optometrist	Covered in Full	Up to \$36	12 months
Frames	\$100 Retail Allowance	Up to \$45	24 months
Contact Lens Fitting (Standard)	Covered in Full	Not Covered	12 months
Contact Lens Fitting (Specialty)	\$50 Retail Allowance	Not Covered	12 months
Lenses (Standard) per Pair:			
Single Vision	Covered in Full	Up to \$28	12 months
Bifocal	Covered in Full	Up to \$42	12 months
Trifocal	Covered in Full	Up to \$56	12 months
Progressive	Covered to Provider’s Retail Lined Trifocal Rate	Up to \$56	12 months
Lenticular	Covered in Full	Up to \$78	12 months
Contact Lenses	\$120 Retail Allowance	Up to \$100	12 months
Medically Necessary Contact Lenses	Covered in Full	Up to \$210	12 months

	Monthly Premium	Contributory Rates		Voluntary Rates	
		Option A	Option B	Option A	Option B
Two Tier Rates	Employee Only	\$4.72	\$5.66	\$7.26	\$8.74
	Employee + Family	\$11.84	\$14.20	\$18.22	\$21.94
Three Tier Rates	Employee Only	\$4.72	\$5.66	\$7.26	\$8.74
	Employee +1 Dependent	\$9.16	\$10.98	\$14.10	\$16.96
	Employee + Family	\$13.46	\$16.12	\$20.70	\$24.90
Four Tier Rates	Employee Only	\$4.72	\$5.66	\$7.26	\$8.74
	Employee + Spouse	\$9.34	\$11.18	\$14.36	\$17.27
	Employee + Child(ren)	\$9.16	\$10.96	\$14.10	\$16.94
	Employee + Family	\$13.92	\$16.66	\$21.38	\$25.74

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