

	Alternative #1		Alternative #2		Alternative #3		Alternative #4	
SCHEDULE OF BENEFITS	Advantica Select Plus 100		EyeMed		Advantica		Renaissance Vision VSP Choice Plan B	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
<u>Copays</u>								
Exam	\$15		\$10		\$10		\$10	
Materials	\$25		\$10		\$10		\$10	
<u>Frequency</u>								
Exam	12 Months		12 Months		12 Months		12 Months	
Lenses	12 Months		12 Months		12 Months		12 Months	
Frames	24 Months		24 Months		24 Months		24 Months	
<u>Benefits Payable</u>	<i>Copay</i>	<i>Reimbursement</i>	<i>Copay</i>	<i>Reimbursement</i>	<i>Copay</i>	<i>Reimbursement</i>	<i>Copay</i>	<i>Reimbursement</i>
Eye Exam	\$15	Up to \$40	\$10	Up to \$40	\$10	Up to \$40	\$10	Up to \$45
Single Lenses	\$25	Up to \$20	\$10	Up to \$30	\$10	Up to \$20	\$10	Up to \$30
Bifocal Lenses	\$25	Up to \$40	\$10	Up to \$50	\$10	Up to \$40	\$10	Up to \$50
Trifocal Lenses	\$25	Up to \$60	\$10	Up to \$70	\$10	Up to \$60	\$10	Up to \$65
<u>Lenses and Frames</u>								
Contact Lenses (Elective)	\$100 Allowance	Up to \$60	\$130 Allowance	Up to \$130	\$150 Allowance	Up to \$80	\$130 Allowance	Up to \$105
Contact Lenses (Medically Necessary)	\$250 Allowance	Up to \$250	Included	Up to \$210	\$250 Allowance	Up to \$250	No charge	Up to \$105
Frames	\$100 Allowance	Up to \$40	\$130 Allowance, then 20% Discount	Up to \$91	\$150 Allowance	Up to \$60	\$130 Allowance, then 20% Discount	Up to \$70
Rate Guarantee	24 Months		24 Months		24 Months		24 Months	
<u>Monthly Premium</u>								
Employee 135	\$3.68		\$4.95		\$5.30		\$4.81	
Employee + Family 322	\$9.04		\$12.63		\$13.05		\$13.28	
Monthly Premium	\$3,407.68		\$4,735.11		\$4,917.60		\$4,925.51	
Annual Premium	\$40,892.16		\$56,821.32		\$59,011.20		\$59,106.12	

	Alternative #5		Alternative #6		Alternative #7	
SCHEDULE OF BENEFITS	Aetna Aetna Vision Preferred Plan 17		Superior		VSP Exam Core Voluntary Materials B	
	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>	<i>In Network</i>	<i>Non Network</i>
<u>Copays</u>						
Exam	\$10		\$10		\$15	
Materials	\$10		\$10		\$15	
<u>Frequency</u>						
Exam	12 Months		12 Months		12 Months	
Lenses	12 Months		12 Months		12 Months	
Frames	24 Months		24 Months		24 Months	
<u>Benefits Payable</u>	<i>Copay</i>	<i>Reimbursement</i>	<i>Copay</i>	<i>Reimbursement</i>	<i>Copay</i>	<i>Reimbursement</i>
Eye Exam	\$10	Up to \$25	\$10	Up to \$33	\$15	Up to \$45
Single Lenses	\$10	Up to \$20	\$10	Up to \$28	\$15	Up to \$45
Bifocal Lenses	\$10	Up to \$40	\$10	Up to \$40	\$15	Up to \$65
Trifocal Lenses	\$10	Up to \$65	\$10	Up to \$53	\$15	Up to \$85
<u>Lenses and Frames</u>						
Contact Lenses (Elective)	\$115 Allowance	Up to \$80	\$130 Allowance	Up to \$100	\$130 Allowance	Up to \$105
Contact Lenses (Medically Necessary)	No charge	Up to \$200	No charge	Up to \$210	\$25	Up to \$210
Frames	\$130 Allowance, then 20% Discount	Up to \$65	\$130 Allowance	Up to \$60	\$130 Allowance, then 20% Discount	Up to \$70
Rate Guarantee	24 Months		48 Months		24 Months	
<u>Monthly Premium</u>					Dual Offer w/ Exam plus	
Employee 135	\$6.21		\$6.81		\$8.74	
Employee + Family 322	\$15.83		\$16.47		\$24.44	
Monthly Premium	\$5,935.61		\$6,222.69		\$9,049.58	
Annual Premium	\$71,227.32		\$74,672.28		\$108,594.96	