

**2017 Vision Rates**

<b>Direct Groups: 1 Employee</b>			
<b>Coverage Level</b>	<b>Signature</b>		<b>Choice</b>
	<b>Standard</b>	<b>Enhanced</b>	<b>Premier</b>
Employee only	\$8.80	\$10.39	n/a
Employee + 1	\$13.67	\$16.13	n/a
Employee + 2 or more	\$21.69	\$25.59	n/a

<b>Direct Groups: 2 - 99 Employees</b>			
<b>Coverage Level</b>	<b>Signature</b>		<b>Choice</b>
	<b>Standard</b>	<b>Enhanced</b>	<b>Premier</b>
Employee only	\$10.59	\$14.67	\$12.49
Employee + 1	\$17.93	\$25.92	\$22.06
Employee + 2 or more	\$20.52	\$27.97	\$23.97

<b>Direct Groups: 100 + Employees</b>			
<b>Coverage Level</b>	<b>Signature</b>		<b>Choice</b>
	<b>Standard</b>	<b>Enhanced</b>	<b>Premier</b>
Employee only	\$10.59	\$14.67	\$12.49
Employee + 1	\$17.93	\$25.92	\$22.06
Employee + 2 or more	\$20.52	\$27.97	\$23.97

## 2017 Vision Benefits

BENEFIT	SIGNATURE STANDARD PLAN	SIGNATURE ENHANCED PLAN	CHOICE PREMIER PLAN
<b>Copay</b>	\$15 Exam / \$15 Material	\$15 Exam / \$15 Material	\$10 Exam / \$25 Material
<b>Exam Every:</b>	12 Months	12 Months	12 Months
<b>Lenses Every:</b>	24 Months	12 Months	12 Months
<b>Frame Every:</b>	24 Months	24 Months	12 Months
<b>WellVision Examination</b>	Covered in Full	Covered in Full	Covered in Full
<b>Single Lenses</b>	Covered after copay	Covered after copay	Covered after copay
<b>Bifocal Lenses</b>	Covered after copay	Covered after copay	Covered after copay
<b>Lined Trifocal Lenses</b>	Covered after copay	Covered after copay	Covered after copay
<b>Lenticular Lenses</b>	Covered after copay	Covered after copay	Covered after copay
<b>Polycarbonate Lenses for Children</b>	Covered in Full	Covered in Full	Covered in Full
<b>Maximum Copay on Lens Options:</b>	Average Savings of 30-40% on other lens enhancements	Average Savings of 30-40% on other lens enhancements	Average savings of 20-25% on other lens enhancements
<b>Frame Allowance</b>	\$130.00 plus 20% savings on amount over your allowance	\$130.00 plus 20% savings on amount over your allowance	\$250.00 plus 20% savings on amount over your allowance
<b>Elective Contact Lenses</b> (in lieu of spectacle lenses and frame)	\$130.00	\$200.00	\$200.00
<b>Contact Lens Exam</b> (Fitting & Eval)	Not to exceed \$60 copay and 15% discount	Not to exceed \$60 copay and 15% discount	Not to exceed \$60 copay and 15% discount
<b>Necessary Contact Lenses</b>	Covered after copay	Covered after copay	Covered after copay
<b>OUT OF NETWORK COVERAGE</b>			
<b>Exam</b>	up to \$50	up to \$50	up to \$45
<b>Frame</b>	up to \$70	up to \$70	up to \$70
<b>Contacts</b>	up to \$105	up to \$105	up to \$105
<b>Single Vision Lenses</b>	up to \$40	up to \$40	up to \$40
<b>Lined Bifocal Lenses</b>	up to \$75	up to \$75	up to \$50
<b>Lined Trifocal Lenses</b>	up to \$100	up to \$100	up to \$65
<b>EXTRA SAVINGS</b>			
Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for more details regarding savings and discounts			
<b>Glasses &amp; Sunglasses</b>	30% savings on additional glasses & sunglasses, including lens enhancement, from the same VSP provider on the same day as your Well Vision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.		20% Savings on additional glasses & sunglasses, including lens enhancements, from VSP provider within 12 months of your last WellVision Exam.
<b>Frames</b>	<b>Frames:</b> Receive an extra \$20 to spend on featured frames like Anne Klein, bebe®, ck Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more.		
<b>Retinal Screening</b>	<b>Retinal Screening:</b> No more than a \$39 copay on routine screening as an enhancement to a WellVision Exam		
<b>Laser Vision Correction</b>	<b>Laser Vision Correction:</b> Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.		

*See the Plan Document or Summary Plan Description for complete coverage details located on [www.calcpahealth.com](http://www.calcpahealth.com). In the event of a conflict between this information and the Plan Document, the benefits detailed in the Plan Document are binding.*