

AIG Group Vision Insurance (Employer Funded)

BENEFIT SNAPSHOT		
All employees	Option 1	Option 2
Frame Frequency	Plan A - Annual	Plan B - Once every 2 years
Takeover	No	No
Rate Guarantee	24 months	24 months
Employee Contribution	No (Employer Pays 100%)	No (Employer Pays 100%)

Standard Features for Plan Provisions In Network

- Exam - \$10 copay
- Exam Frequency - Annual
- Frames - \$0 copay (\$130 allowance, 20% off balance over \$130)
- Standard Plastic Lenses
 - › Single Vision - \$20 copay
 - › Bifocal - \$20 copay
 - › Trifocal - \$20 copay
- Lens Frequency - Annual
- Other Lens Options Network Discounts(Employer Pays)
 - › UV Coating - \$15
 - › Tint (solid and gradient) - \$15
 - › Scratch Resistance - \$15
 - › Polycarbonate - \$40
 - › Progressive (add-on to bifocal)-\$65 plus 80% of charge, less \$120 allowance
 - › Anti-reflective - \$45.
- Contact Lenses (in lieu of eyeglass lenses, includes fit, follow-up and materials)
 - › Conventional - \$0 copay, \$105 allowance, 15% off balance over \$105
 - › Disposable - \$0 copay, \$105 allowance, insured covers balance over \$105
 - › Medically Necessary - \$0 copay, paid in full
- Laser Vision Correction - 15% off retail or 5% off promotional price form U.S. Laser Network
- Other Services, Materials or Add-on Features - 20% off on additional services and materials such as cleaning solutions, cloths, glass lenses and sunglasses (excluding contact lens and doctor's professional services)
- Secondary Discounts - Additional discounts up to 40% off a complete pair of eyeglasses and 15% off conventional contact lenses once the funded benefit has been used.

Standard Features for Plan Provisions Out of Network

- Exam - \$40 Reimbursement
- Exam Frequency - Annual
- Frames - \$45 Reimbursement
- Standard Plastic Lenses
 - › Single Vision - \$40 reimbursement
 - › Bifocal - \$60 Reimbursement
 - › Trifocal - \$80 Reimbursement
- Lens Frequency - Annual
- Other Lens Options Network Discounts - N/A.
- Contact Lenses (in lieu of eyeglass lenses,includes fit, follow-up and materials)
 - › Elective - \$80 reimbursement
 - › Medically Necessary - \$0 Copay, paid in full
- Laser Vision Correction - N/A.
- Other Services, Materials or Add-on Features - N/A.
- Secondary Discounts - N/A.