



Vision Plan Comparison - 2021

Plan #	Lenses & Exams		Lenses	Frames	Annual	Progressive	Monthly Premiums		
	Exams	Frames	Every	Every	Allowance	Lens	Single	Family	
Option I	\$10.00 Total		12 Months	24 Months	24 Months	\$120	Extra \$	\$ 9.59	\$ 20.68
Option II	\$10.00	\$ 25.00	12 Months	12 Months	12 Months	\$130	Extra \$	\$ 10.50	\$ 28.95
Option III	\$10.00 Total		12 Months	12 Months	24 Months	\$150	Extra \$	\$ 11.26	\$ 24.27
Option IV	\$10.00 Total		12 Months	12 Months	12 Months	\$200	Extra \$	\$ 14.92	\$ 41.17

NOTE: An allowance for contact lenses in lieu of lenses and frames is available in all plans.