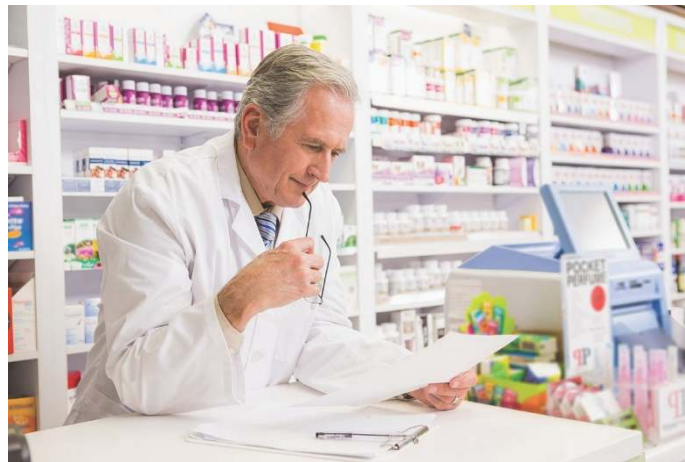


Medical Employee Contributions (Monthly)

Blue Advantage HMO Plan	
Employee	\$75.00
Employee & Spouse	\$450.00
Employee & Child(ren)	\$400.00
Employee & Spouse & Child(ren)/Family	\$650.00
Blue Choice Options PPO Plan	
Employee	\$216.00
Employee & Spouse	\$594.00
Employee & Child(ren)	\$540.00
Employee & Spouse & Child(ren)/Family	\$756.00
Blue Edge HSA Plan	
Employee	\$100.00
Employee & Spouse	\$550.00
Employee & Child(ren)	\$500.00
Employee & Spouse & Child(ren)/Family	\$750.00



Vision Insurance

Vision Service Plan	
Copay	
Routine Exams (Annual)	\$10 copay
Vision Materials	
Materials Copay	\$25 copay
Lenses	Benefit varies by type of lens. Covered every 12 months
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	Elective contacts covered Up to \$60 copay every 12 months
Frames	Covered at \$150 allowance ;\$170 allowance for featured brands every 24 months

Employee Contributions (Monthly)	
Vision	
Employee	\$6.85
Employee & Spouse	\$10.96
Employee & Child(ren)	\$11.18
Employee & Spouse & Child(ren)/Family	\$18.03

Vision Benefits

Gebruder Weiss, Inc. provides Vision coverage through Vision Service Plan (VSP). Using non-network providers will result in higher out-of-pocket expenses after reimbursement. To access Network Providers [Click Here](#).

