

Available to groups of 3 or more employees

	NRBT - Signature Plan ¹			NRBT - Choice Plan ¹					
PLAN DEDUCTIBLE	\$10 or \$25 copay			\$0 copay					
DIABETIC EYECARE PROGRAM	\$20 copay			N/A					
PROVIDER	VSP		Non-VSP Provider reimbursement ²		VSP		Non-VSP Provider reimbursement ²		
VISION EXAM	Covered in Full		Up to \$50		Covered in Full		Up to \$45		
LENSES & FRAMES ³									
Single Vision	Covered in Full		Up to \$50		Covered in Full		Up to \$30		
Lined Bifocals			Up to \$75				Up to \$50		
Lined Trifocals			Up to \$100				Up to \$65		
Lenticular Lenses			Up to \$125				Up to \$100		
Frames	\$150 allowance		Up to \$70		\$150 allowance		Up to \$70		
CONTACTS ³ (in lieu of all other lens and frame benefits)									
Medically Necessary	100% covered		Up to \$210		100% covered		Up to \$210		
Elective	\$130 allowance		Up to \$105		\$130 allowance		Up to \$105		
BENEFIT FREQUENCY	Plan A		Enhanced Plan B	Plan C		Plan A		Enhanced Plan B	
Examination	Once every 12 months					Once every 12 months			
Lenses	Once every 24 months		Once every 12 months	Once every 12 months		Once every 24 months		Once every 12 months	
Frames	Once every 24 months		Once every 24 months	Once every 12 months		Once every 24 months		Once every 24 months	
PREMIUMS (includes ACA Tax)	Plan A		Enhanced Plan B		Plan C		Plan A		Enhanced Plan B
	\$10.00	\$25.00	\$10.00	\$25.00	\$10.00	\$25.00	\$0	\$0	
Employee Only	\$11.03	\$8.68	\$13.75	\$10.86	\$16.79	\$13.27	\$7.93	\$11.12	
Employee + 1 Dependent	\$16.19	\$12.93	\$20.27	\$16.16	\$24.71	\$19.76	\$12.74	\$16.57	
Employee + Children	\$16.55	\$13.18	\$20.68	\$16.52	\$25.24	\$20.18	\$13.03	\$16.92	
Family	\$26.67	\$21.28	\$33.32	\$26.61	\$40.65	\$32.50	\$20.97	\$27.28	
ADMINISTRATION FEE	\$15.00 monthly					\$15.00 monthly			

PARTICIPATION RULES

Rates effective 1/1/14 - 12/31/15 and include the ACA Tax. ⁴

The employer must choose one of the following participation options:

1. VSP participation and contribution matches employer-sponsored medical plan participation exactly **OR**
2. VSP participation and contribution matches employer-sponsored dental plan participation exactly **OR**
3. VSP participation is 100% employer paid and all eligible employees and all eligible dependents are enrolled **OR**
4. VSP participation is 100% employer paid and all eligible employees and no dependents are enrolled

¹ Plans offered by Vision Service Plan, presented by Warner Pacific Insurance Services under the Supplemental Vision Benefit Employer Trust (SVBET) and administered by HealthSmart Benefit Solutions, Inc. These plans are only available to groups headquartered in the following states: CA, CO, GA, IA, IL, IN, KS, MI, MN, MO, NC, NJ, NV, OH, OK, SC, TN, TX and WV. Employees can live in any of the 50 states.

² When using a non-VSP provider, the member must submit the itemized receipt and an out-of-network reimbursement form to VSP for reimbursement based on the plan's schedule.

³ Extra discounts and savings of up to 20-25% on glasses, up to 15% on contacts, and between 5-15% off laser vision correction are available from your VSP provider. Please review the plan summary for details.

⁴ Visit www.irs.gov and search Affordable Care Act (ACA) Tax Provisions for more information.

The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Either of these is available upon request. The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not an offer of coverage.