North Ranch Benefits Trust
POWERED BY WARNER PACIFIC

HealthSmart
SMARTER HEALTHCARE SOLUTIONS

Voluntary Vision Service Plan Comparison

	VSP Choice Vision Plans						VSP Signature Vision Plans											
	Plan A $15/$30 12/24/24		Plan B $15/$30 12/12/24		Plan C $15 12/12/12		Plan A $15/$30 12/24/24		Plan A $15/$30 CVC* 12/24/24		Plan B $15/$30 12/12/24		Plan B $15/$30 CVC* 12/12/24		Plan B $15 12/12/24		Plan B $15 CVC* 12/12/24	
Benefit	PPO	Out of Network	PPO	Out of Network	PPO	Out of Network	PPO	Out of Network	PPO	Out of Network	PPO	Out of Network	PPO	Out of Network	PPO	Out of Network	PPO	Out of Network
	VISION EXAMS						**VISION EXAMS**											
Exam	100% after $15 copay	$45 max. reimbursed	100% after $15 copay	$45 max. reimbursed	100% after $15 copay	100% after $15 copay	100% after $15 copay	$50 max. reimbursed	100% after $15 copay	$50 max. reimbursed	100% after $15 copay	$50 max. reimbursed	100% after $15 copay	$50 max. reimbursed	100% after $15 copay	$50 max. reimbursed	100% after $15 copay	$50 max. reimbursed
	LENSES AND FRAMES						**LENSES AND FRAMES**											
Single Vision Lenses	100% after $30 copay	$30 max. reimbursed	100% after $30 copay	$30 max. reimbursed	100%	100% after $30 copay	100% after $30 copay	$50 max. reimbursed	100% after $30 copay	$50 max. reimbursed	100% after $30 copay	$50 max. reimbursed	100% after $30 copay	$50 max. reimbursed	100%	$50 max. reimbursed	100%	$50 max. reimbursed
Bifocals	100% after $30 copay	$50 max. reimbursed	100% after $30 copay	$50 max. reimbursed	100%	100% after $30 copay	100% after $30 copay	$75 max. reimbursed	100% after $30 copay	$75 max. reimbursed	100% after $30 copay	$75 max. reimbursed	100% after $30 copay	$75 max. reimbursed	100%	$75 max. reimbursed	100%	$75 max. reimbursed
Trifocals	100% after $30 copay	$65 max. reimbursed	100% after $30 copay	$65 max. reimbursed	100%	100% after $30 copay	100% after $30 copay	$100 max. reimbursed	100% after $30 copay	$100 max. reimbursed	100% after $30 copay	$100 max. reimbursed	100% after $30 copay	$100 max. reimbursed	100%	$100 max. reimbursed	100%	$100 max. reimbursed
Lenticular	100% after $30 copay	$100 max. reimbursed	100% after $30 copay	$100 max. reimbursed	100%	100% after $30 copay	100% after $30 copay	$125 max. reimbursed	100% after $30 copay	$125 max. reimbursed	100% after $30 copay	$125 max. reimbursed	100% after $30 copay	$125 max. reimbursed	100%	$125 max. reimbursed	100%	$125 max. reimbursed
Frames	$150 allowance after $30 copay (20% off amount over your allowance)	$70 max. reimbursed	$150 allowance after $30 copay (20% off amount over your allowance)	$70 max. reimbursed	$150 allowance (20% off amount over your allowance)	$150 allowance after $30 copay (20% off amount over your allowance)	$150 allowance after $30 copay (20% off amount over your allowance)	$70 max. reimbursed	$150 allowance after $30 copay (20% off amount over your allowance)	$70 max. reimbursed	$150 allowance after $30 copay (20% off amount over your allowance)	$70 max. reimbursed	$150 allowance after $30 copay (20% off amount over your allowance)	$70 max. reimbursed	$150 allowance (20% off amount over your allowance)	$70 max. reimbursed	$150 allowance (20% off amount over your allowance)	$70 max. reimbursed
	CONTACT LENSES						**CONTACT LENSES**											
Elective	$150 allowance	$105 max. reimbursed	$150 allowance	$105 max. reimbursed	$150 allowance	$105 max. reimbursed	$150 allowance	$105 max. reimbursed	$150 allowance	$105 max. reimbursed	$150 allowance	$105 max. reimbursed	$150 allowance	$105 max. reimbursed	$150 allowance	$105 max. reimbursed	$150 allowance	$105 max. reimbursed
Medically Necessary	Up to 100%	$210 max. reimbursed	Up to 100%	$210 max. reimbursed	Up to 100%	$210 max. reimbursed	Up to 100%	$210 max. reimbursed	Up to 100%	$210 max. reimbursed	Up to 100%	$210 max. reimbursed	Up to 100%	$210 max. reimbursed	Up to 100%	$210 max. reimbursed	Up to 100%	$210 max. reimbursed
	BENEFIT FREQUENCY						**BENEFIT FREQUENCY**											
Exam	Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months		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 24 months		Once every 12 months		Once every 12 months		Once every 12 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		Once every 24 months		Once every 24 months		Once every 24 months		Once every 24 months	

VSP plans are available to groups headquartered in any of the following states: CA, CO, GA, IA, IL, IN, KS, MI, MN, MO, NC, NJ, NV, OH, OK, SC, TN, TX and WV. The groups' employees can live in any of the 50 states.

*__CVC__ is Computer Vision Care Benefit. $10 copay for frame and lenses, $90 frame allowance.

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Voluntary Vision Rates

VSP Choice[1]				Rates effective through 12/31/15
	Employee Only	**Employee + 1**	**Employee + Children**	**Family**
Plan A $15/$30 - 12/24/24	$7.82	$11.91	$12.13	$18.91
Plan B $15/$30 - 12/12/24	$10.36	$16.10	$16.27	$25.60
Plan C $15 - 12/12/12	$18.37	$28.81	$29.41	$46.82

VSP Signature[1]				Rates effective through 12/31/15
	Employee Only	**Employee + 1**	**Employee + Children**	**Family**
Exam Plus - 12/0/0	$3.07	$6.14	$6.14	$6.14
Plan A $15/$30 - 12/24/24	$8.96	$13.73	$14.00	$21.93
Plan A $15/$30 CVC - 12/24/24	$13.06	$17.83	$18.09	$26.03
Plan B $15/$30 - 12/12/24	$11.93	$18.46	$18.83	$29.73
Plan B $15/$30 CVC - 12/12/24	$16.03	$22.56	$22.93	$33.82
Plan B $15 - 12/12/24	$16.70	$26.10	$26.62	$42.30
Plan B $15 CVC - 12/12/24	$20.80	$30.20	$30.72	$46.40

A $15 monthly administration fee applies to all groups.

The summary above is meant to be a brief description of plan benefits and rates 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.