

866.412.9254
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Carrier	EyeMed (Provided by Ameritas Group)					
	Silver		Gold		Platinum	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Plan Name						
Eye Examination	\$10 Copay	Up to \$25	\$10 Copay	Up to \$25	100%	Up to \$25
Frames	\$100 Allowance, 20% off balance over \$100	Up to \$40	\$130 Allowance, 20% off balance over \$130	Up to \$40	\$150 Allowance, 20% off balance over \$150	Up to \$40
Standard Lenses						
Single Vision	\$15 Copay	Up to \$20	\$10 Copay	Up to \$20	100%	Up to \$20
Lined Bifocal	\$15 Copay	Up to \$35	\$10 Copay	Up to \$35	100%	Up to \$35
Lined Trifocal	\$15 Copay	Up to \$60	\$10 Copay	Up to \$60	100%	Up to \$60
Contact Lenses (in lieu of lenses & frames)	\$100 Allowance, 15% off balance over \$100	Up to \$65	\$130 Allowance, 15% off balance over \$130	Up to \$65	\$150 Allowance, 15% off balance over \$150	Up to \$65
Benefit Frequency*	12/12/12	12/12/12	12/12/12	12/12/12	12/12/12	12/12/12

- * Benefit Frequency - Exams/lenses/frames
- The \$20 Copay applies to exam and/or materials once in an eligibility period.
 - New and current soft contact lens wearers may be eligible for a special program that includes an initial contact lens evaluation and initial supply of lenses
 - Average 35%-40% savings on non-covered lens options
 - 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam
 - Includes \$250 per eye laser surgery benefit (in-network)

Carrier	Madison National					
	Silver		Gold		Platinum	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Plan Name						
Eye Examination	\$10 Copay	Up to \$40	\$10 Copay	Up to \$40	100%	Up to \$40
Frames	\$25 Copay \$130 Allowance, 20% off balance over \$130	Up to \$45	\$10 Copay \$130 Allowance, 20% off balance over \$130	Up to \$45	100% \$130 Allowance, 20% off balance over \$130	Up to \$45
Standard Lenses						
Single Vision	Included	Up to \$40	Included	Up to \$40	Included	Up to \$40
Lined Bifocal	Included	Up to \$60	Included	Up to \$60	Included	Up to \$60
Lined Trifocal	Included	Up to \$80	Included	Up to \$80	Included	Up to \$80
Contact Lenses (in lieu of lenses & frames)	\$25 Copay \$130 Allowance, 15% off balance over \$130	Up to \$105	\$25 Copay \$130 Allowance, 15% off balance over \$130	Up to \$105	\$25 Copay \$130 Allowance, 15% off balance over \$130	Up to \$105
Benefit Frequency*	12/12/24	12/12/24	12/12/24	12/12/24	12/12/12	12/12/12

Carrier	Pan-American		VSP ^{3,4,5}					
	Platinum		Silver		Gold		Platinum	
	In-Network	Out-of-Network	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Plan Name								
Eye Examination	\$10 Copay \$50 Allowance	\$10 Copay \$50 Allowance	\$20 ¹ Copay	Up to \$45	\$10 Copay	Up to \$45	\$10 Copay	Up to \$45
Frames	\$25 Copay	\$25 Copay	\$130 Allowance	Up to \$47	\$130 Allowance	Up to \$47	\$130 Allowance	Up to \$47
Standard Lenses								
Single Vision	\$40 Allowance	\$40 Allowance	Covered In Full	Up to \$45	\$25 Copay	Up to \$45	\$25 Copay	Up to \$45
Lined Bifocal	\$60 Allowance	\$60 Allowance	Covered In Full	Up to \$65	\$25 Copay	Up to \$65	\$25 Copay	Up to \$65
Lined Trifocal	\$70 Allowance	\$70 Allowance	Covered In Full	Up to \$85	\$25 Copay	Up to \$85	\$25 Copay	Up to \$85
Contact Lenses (in lieu of lenses & frames)	\$100 Allowance	\$100 Allowance	\$130 Allowance ²	Up to \$105	\$130 Allowance ²	Up to \$105	\$130 Allowance ²	Up to \$105
Benefit Frequency*	12/12/24	12/12/24	12/24/24	12/24/24	12/12/24	12/12/24	12/12/12	12/12/12