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## Broker/Employer Benefit Comparison (Do not distribute to employees)

## Available Plans and Rates Effective 03/01/20 - 02/28/22

	Option	1 (009)	Option 2 (2712)		Option 3 (2713)		<b>Option 4 (4146) NEW</b>	
Single	\$5.76		\$7.85		\$8.70		TA7\$10.#4	
Family	\$11.51		\$15.65		\$17.40		W10.10 \$20.88	
	Frequency of Services:		Frequency of Services:		Frequency of Services:		Frequency of Services:	
	19 &	Under	19 &	Under	19 &	Under Age	19 &	Under Age
	Older	Age 19	Older	Age 19	Older	19	Older	FER
Exam	24	12	12	12	12	12	12	12
Lenses	24	12	12	12	12	12	THIS	<b>PLAN</b>
Frames	24	24	24	24	12	12	12	12

Note: A \$5 monthly administrative billing fee is charged per employer group.

	Plan Options 1- 3 BENEFITS	Plan Option 4 Only BENEFITS		
	VBA In-Network Participating Provider (Amount Covered / Benefit) (Zero Copayment)	VBA In-Network Participating Provider (Amount Covered / Benefit) (Zero Copayment)		
Vision Exam (Glasses or Contacts)	100%	N <sub>N</sub> , T		
<ul> <li>Only covers 1 exam, not both</li> <li>Vision Exam (Glasses &amp; Contacts)</li> <li>Cover both exams</li> </ul>	N/A	OFFER		
Clear Standard Lenses (Pair):		THIS		
Single Vision	100%	100%		
Bifocal	100%	DIOUN		
Blended "No-Line" Bifocals	100%	100%		
Trifocal	100%	100%		
Progressive <sup>D</sup>	Controlled Cost <sup>E</sup>	Controlled Cost <sup>E</sup>		
Lenticular	100%	199%		
Polycarbonate <sup>c</sup>	100%	100%		
Scratch Coat – 1 Yr	100%	100%		
Frame <sup>B</sup>	100%			
Elective Contacts	<b>- OR</b> (in lieu of eyeglass benefits)	NOT		
Material Allowance	\$110	\$110		
Fitting Fee	15% off UCR <sup>A</sup>	5% of UCIX		
Medically Required Contacts <sup>F</sup>	If medically required, will pay 100% in lieu of all other material benefits listed herein.			

Low Vision Aids (Per 24 Months. No Lifetime Max)	\$650	PLAN \$650	
Laski Surgery (once every 8 years)	\$125 Reimbursement		

A B Usual, Customary and Reasonable as determined by VBA

Within the program's \$50 wholesale allowance (approximately \$125 to \$150 retail )

С Available In-Network at no charge for children under age 19

D Progressive Lenses typically retail from \$150 to \$400, depending on lens options. VBAs controlled costs generally range from \$45 to \$175.

Е Unless otherwise prohibited by law

F Medically Required Contacts may only be selected in lieu of all other material benefits listed herein.