

Vision – Plan Alternate

 Brown & Brown INSURANCE®	 SuperiorVision® By MetLife		 SuperiorVision® By MetLife	
Vision	AM Best A+		AM Best A+	
	Current/Renewal		Alternate 2	
FINANCIAL				
Rate Guarantee	48 months		48 months	
Vision Rate				
Rate Basis	Per employee per month		Per employee per month	% Increase
	<i>EE</i>	\$5.93	<i>EE</i>	\$6.55 10%
	<i>EE+1</i>	\$10.81	<i>EE+SP</i>	\$11.94 10%
	<i>FAM</i>	\$18.73	<i>FAM</i>	\$20.69 10%
NETWORK				
Network	Superior National		Superior National	
EXAMS				
Exam Frequency	12 mo		12 mo	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam	\$10 copay	Up to \$34	\$10 copay	Up to \$34
LENSES				
	In-Network	Out-of-Network	In-Network	Out-of-Network
Single Vision	\$25 copay	Up to \$29	\$25 copay	Up to \$29
Bifocal	\$25 copay	Up to \$43	\$25 copay	Up to \$43
Trifocal	\$25 copay	Up to \$53	\$25 copay	Up to \$53
FRAMES				
Discount Beyond Allowance	20%		20%	
Frame Frequency	Once every 24 mo		Once every 12 mo	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail Allowance	Up to \$130	Up to \$63	Up to \$150	Up to \$63
CONTACT LENSES				
Lens Frequency	Once every 12 mo (in lieu of glasses)		Once every 12 mo (in lieu of glasses)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Fit and Follow up	\$25 copay	Not Covered	\$25 copay	Not Covered
Conventional and Disposable	Up to \$150	Up to \$100	Up to \$150	Up to \$100
Medically Necessary	Covered in Full	Up to \$120	Covered in Full	Up to \$120