

COST AND BENEFIT COMPARISON FOR: WEST CHICAGO ELEMENTARY SCHOOL DISTRICT 33

VOLUNTARY VISION	Current			Renewal			Option 1		
	EE	RATE	TOTAL	EE	RATE	TOTAL	EE	RATE	TOTAL
					4 Year Rate Guarantee (Renews 1/1/2029)			4 Year Rate Guarantee (Renews 1/1/2029)	
Employee:	180	\$9.77	\$1,758.60	180	\$9.77	\$1,758.60	180	\$9.77	\$1,758.60
Employee + Spouse:	46	\$15.63	\$718.98	46	\$15.63	\$718.98	46	\$15.63	\$718.98
Employee + Child:	42	\$15.96	\$670.32	42	\$15.96	\$670.32	42	\$15.96	\$670.32
Family:	126	\$25.73	\$3,241.98	126	\$25.73	\$3,241.98	126	\$25.73	\$3,241.98
Total Monthly:	394		\$6,389.88	394		\$6,389.88	394		\$6,389.88

	Vision Service Plan Choice Plan		Vision Service Plan Choice Plan		Blue Cross Blue Shield Custom Plan	
	In Network	Out Network	In Network	Out Network	In Network	Out Network
Exam:	\$10 Copay	Up to \$45	\$10 Copay	Up to \$45	\$10 Copay	Up to \$45
Exam	Frequency:		Frequency:		Frequency:	
Lenses or Contacts	Once Every 12 Months		Once Every 12 Months		Once Every 12 Months	
Frames	Once Every 12 Months		Once Every 12 Months		Once Every 12 Months	
Single	Once Every 12 Months		Once Every 12 Months		Once Every 12 Months	
Bifocal	Standard Plastic Lenses:		Standard Plastic Lenses:		Standard Plastic Lenses:	
Trifocal	\$25 Copay	Up to \$30	\$25 Copay	Up to \$30	\$25 Copay	Up to \$30
Frames:	\$25 Copay	Up to \$50	\$25 Copay	Up to \$50	\$25 Copay	Up to \$50
Instead of Glasses	\$25 Copay	Up to \$65	\$25 Copay	Up to \$65	\$25 Copay	Up to \$65
	\$130/\$150 Allowance	Up to \$70	\$130/\$150 Allowance	Up to \$70	\$130 Allowance	Up to \$70
	Contact Lenses:		Contact Lenses:		Contact Lenses:	
	\$130 Allowance	Up to \$105	\$130 Allowance	Up to \$105	\$130 Allowance	Up to \$105

Total Monthly:		\$6,389.88		\$6,389.88		\$6,389.88
Total Annually:		\$76,678.56		\$76,678.56		\$76,678.56
Annual Difference:		N/A		\$0.00		\$0.00
Percent Difference:		N/A		0.00%		0.00%

THIS SUMMARY IS FOR ILLUSTRATION PURPOSES ONLY. BENEFITS & RATES PROVIDED BY THE CARRIER WILL PREVAIL.