

ABANA

Plan Design Summary



Eye Exams, Lenses, Frames, Frequencies

Proposed Effective Date: 10/1/2008

Plan 1: Focus®		
	VSP Network	Out of Network
Annual Eye Exam	Covered in full	Up to \$52
Lenses (per pair)		
Single Vision	Covered in full	Up to \$55
Bifocal	Covered in full	Up to \$75
Trifocal	Covered in full	Up to \$95
Lenticular	Covered in full	Up to \$125
Progressive	See lens options	NA
Frames	\$120	Up to \$45
Frequencies		
Exam/Lens/Frames	12/12/24 Based on date of service	12/12/24 Based on date of service

Deductible, Maximum

Deductibles	\$20 Exam \$20 Eye Glass Lenses or Frames*	\$20 Exam \$20 Eye Glass Lenses or Frames
Maximum	None	None
Calendar Year	None	None

*Deductible applies to a complete pair of glasses or to frames, whichever is selected

Contact Lenses

Fit & Follow Up Exams	15% discount. See Additional Focus Features.	No benefit
Contacts		
Elective	Up to \$105	Up to \$105
Medically Necessary	Covered in full	Up to \$210

Monthly Rates

Member	\$12.10
Member + Spouse	\$21.94
Member + Children	\$18.58
Member + Spouse & Children	\$28.42

Rates are guaranteed for 24 months following the effective date listed above

Member Participation Requirements

Eligible Members 2,281

The state of Georgia requires that a minimum of 25 members enroll in order to place eye care coverage