

## Cooperative 90's Vision Plan

### Vision Summary with 2020 Premiums

Premiums	Delta Vision - EyeMed (formerly TruAssure)	Blue Cross/Blue Shield
Single	\$4.19	Included in medical plan
Family	\$11.72	Included in medical plan
<i>No Rate Change</i>		
Benefits	EyeMed Vision Care - Access Network <a href="http://www.deltadentalil.com/deltavision">www.deltadentalil.com/deltavision</a>	
Network	52,000	
Website	<a href="http://www.bcbasil.com">www.bcbasil.com</a>	
Number of Providers		
Service Frequency		
Eye Exam	Once per 12 months	
Lenses	Once per 12 months	
Contacts	Once per 12 months	
Frames	Once per 24 months	
Copayments	<u>In-Network</u>	<u>Out-of-Network Allowance</u>
Eye Exam	\$20	\$35
Lenses		
Single Vision	\$20	\$25
Bifocal	\$20	\$40
Trifocal	\$20	\$55
Contacts	\$0 Copay; \$80 allowance + 15% off balance	\$64
	Medically Necessary: 100%	\$200
Frames	\$100 allowance + 20% off balance	\$50
Additional Benefits	Discount Program Available	
Laser Vision Correction		