

**Applied Intellect LLC**  
**Vision Insurance Comparison**  
**In-Network Benefits Plan Comparison**

		<b>OPTION 1</b>	
<i>Benefit Description</i>		<b>Humana PA Vision 160</b>	
<i>In-Network Copayments</i>			
Exam		\$10 Copay	
Materials		\$10 Copay	
<i>Frequencies</i>			
Exam		1 X per 12 Months	
Lenses		1 X per 12 Months	
Frames		1 X per 12 Months	
<i>Frame Allowance</i>			
Allowance		\$160 Allowance	
<i>Elective Contacts (in lieu of glasses) - Standard Lenses Allowance</i>			
Allowance		\$160 Allowance	
<i>Out-of-Network Reimbursement</i>			
Exam		Reimbursed up to \$30	
Single Lenses		Reimbursed up to \$25	
Bifocal Lenses		Reimbursed up to \$40	
Trifocal Lenses		Reimbursed up to \$60	
Frames		Reimbursed up to \$80	
Elective Contacts		Reimbursed up to \$128	
<b>Benefit Tier</b>		<b>EE Monthly Amount</b>	<b>EE Cost Per Pay Period</b>
<b>Employee</b>	Employee Only	\$3.33	\$1.54
	Employee & Spouse	\$6.66	\$3.07
	Employee & Child(ren)	\$6.33	\$2.92
	Family	\$9.95	\$4.59
<b>Benefit Tier</b>		<b>Original Rates</b>	<b>AI Flat Fee Contribution</b>
<b>Employer</b>	Employee Only	\$8.33	\$5.00
	Employee & Spouse	\$16.66	\$10.00
	Employee & Child(ren)	\$15.83	\$9.50
	Family	\$24.88	\$14.93