

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

<i>Benefit Description</i>		<b>OPTION 1</b> <b>VSP PA Signature Plan C</b>	
<i>In-Network Copayments</i>			
Exam		\$10 Copay	
Materials		\$25 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		\$130 Allowance	
<i>Elective Contacts (in lieu of glasses) - Standard Lenses Allowance</i>			
Allowance		\$130 Allowance	
<i>Out-of-Network Reimbursement</i>			
Exam		Reimbursed up to \$45	
Single Lenses		Reimbursed up to \$45	
Bifocal Lenses		Reimbursed up to \$65	
Trifocal Lenses		Reimbursed up to \$85	
Frames		Reimbursed up to \$70	
Elective Contacts		Reimbursed up to \$105	
<b>Benefit Tier</b>		<b>EE Monthly Amount</b>	<b>EE Cost Per Pay Period</b>
<b>Employee</b>	Employee Only	\$3.91	\$1.80
	Employee & Spouse	\$6.26	\$2.89
	Employee & Child(ren)	\$6.39	\$2.95
	Family	\$10.30	\$4.75
<b>Benefit Tier</b>		<b>Original Rates</b>	<b>AI Flat Fee Contribution</b>
<b>Employer</b>	Employee Only	\$9.78	\$5.87
	Employee & Spouse	\$15.65	\$9.39
	Employee & Child(ren)	\$15.97	\$9.58
	Family	\$25.75	\$15.45