

Saince, Inc
Vision Insurance
Benefits Plan

<i>Benefit Description</i>	Humana Vision 160
<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 24 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	\$30 Allowance
Single Lenses	\$25 Allowance
Bifocal Lenses	\$40 Allowance
Trifocal Lenses	\$60 Allowance
Frames	\$80 Allowance
Elective Contacts	\$128 Allowance
Benefit Tier	Rates
Employee Only	\$8.50
Employee + Spouse	\$17.00
Employee + Child(ren)	\$16.15
Family	\$25.38