

Applied Intellect LLC 2025
Vision Insurance Comparison
In-Network Benefits Plan Comparison

<i>Benefit Description</i>		CURRENT/RENEWAL VSP PA Signature Plan C
<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
Benefit Tier		Rates
Employee Only		\$9.78
Employee & Spouse		\$15.65
Employee & Child(ren)		\$15.97
Family		\$25.75
Monthly Total		

Monthly

Employee Only	\$0.00
Employee & Spouse	\$0.20
Employee & Child(ren)	\$0.52
Family	\$10.30

Pay Period

Employee Only	\$0.00
Employee & Spouse	\$0.09
Employee & Child(ren)	\$0.24
Family	\$4.75