

The Archdiocese of Kansas City in Kansas

Vision Rate and Benefit Analysis

Renewal Date of January 01, 2022

	Ameritas	Ameritas
	Ameritas with VSP Network	Ameritas with EyeMed Network
RATES:		
Employee Only	783	\$8.96
Employee + Spouse	217	\$18.06
Employee + Child(ren)	87	\$20.68
Family	426	\$32.96
TOTAL MONTHLY COST	\$26,774.82	\$26,774.82
TOTAL ANNUAL COST	\$321,297.84	\$321,297.84
ANNUAL COST DIFFERENTIAL	-\$4,008.96	\$0.00
PERCENT CHANGE	-1%	0%
RATE GUARANTEE		
Eye Exam	<u>In Network</u> \$15 Copay	<u>In Network</u> \$15 Copay
Material Copay	\$20 Copay	\$20 Copay
LENSES		
Single Vision Lenses	Covered in full	Covered in full
Bifocal Lenses	Covered in full	Covered in full
Trifocal Lenses	Covered in full	Covered in full
Lenticular Lenses	Covered in full	Covered in full
Standard Progressive Lenses	Covered in full	Covered in full
FRAMES		
Frames	Once every 24 months	Once every 24 months
Retail Allowance	\$175	\$175
CONTACT LENSES		
Medically Necessary	Covered in full	Covered in full
Elective	Up to \$160	Up to \$160
FREQUENCY OF SERVICES		
Exam	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months

The benefit outlines contained in this proposal are intended for comparison purposes only and are not intended to be a complete explanation of all plan provisions.