

Quote Type
Vision

Prepared For
Rainbow Senior Living
53742577
Great Falls, MT

Prepared By
Brent Leavitt

BEST Life and Health Insurance Company
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The estimated premiums in this illustration are based on the carrier's current premium scale. This quote is specific for the information provided for the effective date quoted. Any changes to information and or effective date may result in changes in the premium quoted. The rates and information herein are considered to be accurate; however, final rates and benefits will be determined at the time of approval by the underwriting carrier.



BEST Life and Health Insurance Company

Rainbow Senior Living 53742577, MT 59404
Industry SIC Code 8361

Date Quote Prepared 09/04/2025

Plan Comparison

Benefit Summary	PPO Vision Plan 1 - High Quote No 3 Effective Date 10/01/2025 EyeMed
	In-Network Member Cost Out-of-Network Reimbursement
Eye Exam with Dilation as Necessary	\$10 Up to \$42
Frames	\$0 up to \$130 and then 80% Up to \$65
Single Vision	\$10 Up to \$35
Bi-focal	\$10 Up to \$40
Tri-focal	\$10 Up to \$65
Standard Progressive	\$75 Up to \$40
Premium Progressive	\$75 then \$0 for next \$120 and then 80% Up to \$40
UV Coating	\$15 Not Covered
Standard Scratch Resistant	\$15 Not Covered
Tint (Solid and Gradient)	\$15 Not Covered
Standard Polycarbonate	\$40 Not Covered
Standard Anti-Reflective Coating	\$45 Not Covered
Other Add-ons and Services	80% Not Covered
Contact Lens - Standard Fit and Follow-Up	\$0 Up to \$40
Contact Lens - Premium Fit and Follow-Up	\$0 up to \$55 and then 90% Up to \$40
Contact Lens - Conventional	\$0 up to \$130 and then 85% Up to \$104
Contact Lens - Disposable	\$0 up to \$130 and then 100% Up to \$104
Contact Lens - Medically Necessary	\$0 Up to \$200
Frequency - Exam Frames Lenses / Contact	12 12 12

Premium Summary	
1. Employee Only	\$7.74
2. Employee & Spouse	\$15.48
3. Employee & Child(ren)	\$15.24
4. Employee & Family	\$20.12
Total	\$46.44
Monthly Premium	\$46.44
Monthly Total	\$46.44
First Month's Total	\$46.44

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Plan Details

Benefit Summary	PPO Vision Plan 1 - High Quote No 3 Effective Date 10/01/2025 EyeMed
	In-Network Member Cost Out-of-Network Reimbursement
Employer Contributory or Voluntary	Voluntary
Eye Exam with Dilation as Necessary	\$10 Up to \$42
Frames	\$0 up to \$130 and then 80% Up to \$65
Single Vision	\$10 Up to \$35
Bi-focal	\$10 Up to \$40
Tri-focal	\$10 Up to \$65
Standard Progressive	\$75 Up to \$40
Premium Progressive	\$75 then \$0 for next \$120 and then 80% Up to \$40
UV Coating	\$15 Not Covered
Standard Scratch Resistant	\$15 Not Covered
Tint (Solid and Gradient)	\$15 Not Covered
Standard Polycarbonate	\$40 Not Covered
Standard Anti-Reflective Coating	\$45 Not Covered
Other Add-ons and Services	80% Not Covered
Contact Lens - Standard Fit and Follow-Up	\$0 Up to \$40
Contact Lens - Premium Fit and Follow-Up	\$0 up to \$55 and then 90% Up to \$40
Contact Lens - Conventional	\$0 up to \$130 and then 85% Up to \$104
Contact Lens - Disposable	\$0 up to \$130 and then 100% Up to \$104
Contact Lens - Medically Necessary	\$0 Up to \$200
Frequency - Exam Frames Lenses / Contact	12 12 12

Premium Summary	Census	
1. Employee Only	4	\$7.74
2. Employee & Spouse	1	\$15.48
3. Employee & Child(ren)	0	\$15.24
4. Employee & Family	0	\$20.12
Total	5	\$46.44
First Month's Total		\$46.44



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This is a quote for insurance. All policy provisions, limitations and exclusions apply and may be found in the Certificate of Insurance. Final rates are based upon actual enrollment and determined in Underwriting.

PARTICIPATION: Employees with other group vision coverage do not count towards participation. Dependent participation not required.

Employer-sponsored (5+): minimum of 5 employees enrolling and 60% participation.

Voluntary (5+): minimum of 5 employees enrolling and 20% participation.

WAIVER OF WAITING PERIODS: No waiting periods.

HIGHER PARTICIPATION CLIENT PROMOTION:

We will lower the rates for voluntary dental and vision groups who demonstrate more than 60% participation.

BUNDLED COVERAGE SAVINGS:

- Save an additional 5% on dental when you add vision and/or life. (Groups 10+ enrolled)
- Save an additional 4% on dental when you add vision and life. (Groups 5-9 enrolled)
- Save an additional 2% on dental when you add vision or life. (Groups 5-9 enrolled)

Term life policies must have a minimum guarantee issue of \$15,000 per employee to qualify. Bundled discounts apply to the dental premium only.

Minimum vision enrollment can be reduced to 4 enrollees when 5 or more are enrolled in dental.