



BEST Life and Health Insurance Company

Advanced Spine & Wellness 53650585, NV 89060  
Industry SIC Code 8011

Date Quote Prepared 07/27/2020

## Plan Comparison

Benefit Summary	PPO Plan 2 - Mid Quote No 4 Effective Date 09/01/2020 EyeMed
	In-Network Member Cost   Out-of-Network Allowance
Eye Exam with Dilation as Necessary	\$10   Up to \$42
Frames	80% of retail charge, less \$130 allowance   Up to \$65
Single Vision	\$25   Up to \$35
Bi-focal	\$25   Up to \$40
Tri-focal	\$25   Up to \$65
Standard Progressive	\$90   Up to \$40
Premium Progressive	\$90 co-pay, 80% of retail charge, less \$120 allowance   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	Up to \$55   Not Covered
Contact Lens - Premium Fit and Follow-Up	90%   Not Covered
Contact Lens - Conventional	85% of retail charge, less \$130 allowance   Up to \$104
Contact Lens - Disposable	Retail charge, less \$130 allowance   Up to \$104
Contact Lens - Medically Necessary	\$0   Up to \$200
Frequency - Exam   Frames   Lenses / Contact	12   12   12

Premium Summary	
1. Employee Only	\$6.61
2. Employee & Spouse	\$13.22
3. Employee & Child(ren)	\$13.02
4. Employee & Family	\$17.19
Total	
Monthly Premium	
Monthly Total	
First Month's Total	