



Offer Your Customers A Vision Program With Greater Value

One plan, one rate and minimum participation of only 2 lives, plus quick quoting, unmatched customer service and all from a name you can trust making us the clear choice for discerning employers.

Select from a menu of voluntary programs such as Dental, Critical Illness, Accident, or Cancer as well as Employer Paid Group Life, STD and LTD to complete your groups ancillary benefit offerings.

Service Frequency	
Exam	12 months
Lenses	12 months
Frames	24 months
Copays	\$10 exam
	\$25 materials

Rates	Monthly Premium
Employee	\$7.08
Employee + Spouse	\$13.43
Employee + Child(ren)	\$14.11
Family	\$21.69

Benefits*

	In-Network ¹	Out-of-Network ²
Eye Examination	100%	up to \$40.00
Standard Spectacle Lenses		
Single vision	100%	up to \$40.00
Bifocal	100%	up to \$60.00
Trifocal	100%	up to \$80.00
Lenticular	100%	up to \$80.00
Frames (see limits and exclusions)	100% ³	up to \$45.00
Elective Contact Lenses ⁴		
Covered-in-full contacts	100%	up to \$150.00
All other elective contacts	up to \$150.00	up to \$150.00
Necessary Contact Lenses ⁵	100%	up to \$210.00

There is a \$10 administrative fee for stand-alone vision.

Summary of Plan Details

1. Network Benefits – Exam and materials copays and patient options are paid to the network provider by the plan participant.
2. Out-of-Network Benefits – The plan participant pays full fee to the provider and Spectera reimburses the participant for services rendered up to the maximum allowance. There are no copays or deductibles.
3. Frame Benefit – Spectera's generous frame benefit applies to virtually all the frames on the market today, and most of those are covered-in-full, with no additional cost to the member other than applicable copays. Plan participants receive a minimum \$130 frame allowance for frames purchased at an in-network provider. Additionally, for materials costs that exceed the frame allowance; you may receive an additional 30% discount, available at participating providers.
4. Contact lenses are provided in lieu of spectacle lenses and frames. Spectera's contact lens benefit covers in-full (after applicable copay) the fitting/evaluation fees, contacts (disposable contacts/up to 6 boxes, depending on prescription and plan selected), and up to two follow-up visits. A \$150 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of Spectera's covered-in-full contacts (materials copay does not apply). Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.
5. Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: 1) following cataract surgery; 2) to correct extreme vision problems that cannot be corrected with spectacle lenses; 3) with certain conditions of anisometropia; 4) with certain conditions of keratoconus.

cbg offers a full line of CONFIDENT ancillary employee benefit plans.

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