



Vision Benefits Package Price Worksheet

Cost Categories	Vision plan 1: _____ (name)	Vision plan 2: _____ (name)	Vision plan 3: _____ (name)
Annual premium/membership fee and deductible	\$__ Premium \$__ Deductible \$__ Total	\$__ Premium \$__ Deductible \$__ Total	\$__ Premium \$__ Deductible \$__ Total
Copay	\$__	\$__	\$__
In-network provider allowance			
Out-of-network reimbursement			
Retail price [Request estimate from optical retailer or use totals from previous eyewear purchase(s).]			



Vision Benefits Package Price Worksheet - **SAMPLE**

Cost Categories	Vision plan 1: Nonesuch Plan	Vision plan 2: Vision Plan for All	Vision plan 3: Smith Vision Plan
Annual premium/membership fee and deductible	\$20 Premium \$35 Deductible \$55 Total	\$25 Premium \$60 Deductible \$85 Total	\$30 Premium \$45 Deductible \$75 Total
Copay	\$10	\$15	\$15
In-network provider allowance	Full coverage for eye exam, including dilation Frames: Member pays balance over \$150	Full coverage for eye exam, including dilation Frames: Member pays balance over \$120	Full coverage for eye exam, including dilation Frames: Member pays balance over \$100
Out-of-network reimbursement	Up to \$40 for eye exam Up to \$50 for frames Total is retail minus \$90 or \$40-\$360	Up to \$30 for eye exam Up to \$80 for frames Total is retail minus \$110 or \$20-\$340	Up to \$55 for eye exam Up to \$60 for frames Total is retail minus \$115 or \$15-\$335
Retail price [Request estimate from optical retailer or use totals from previous eyewear purchase(s).]	\$50 for eye exam \$80-\$400 for frames Total is \$130-\$450		



Vision Discount Plan Price Worksheet

Cost Categories	Vision plan 1: _____ (name)	Vision plan 2: _____ (name)	Vision plan 3: _____ (name)
Annual premium/membership fee and deductible	\$__ Premium \$__ Deductible \$__ Total	\$__ Premium \$__ Deductible \$__ Total	\$__ Premium \$__ Deductible \$__ Total
In-network discounted price			
Out-of-network allowance			
Retail price [Request estimate from optical retailer or use totals from previous eyewear purchase(s).]			



Vision Discount Plan Price Worksheet – **SAMPLE**

Cost Categories	Vision plan 1: WOW Vision Discount Plan	Vision plan 2: YourFrame Discount Plan	Vision plan 3: Money Saver Vision Plan
Annual premium/membership fee and deductible	\$20 Premium \$35 Deductible \$55 Total	\$25 Premium \$60 Deductible \$85 Total	\$30 Premium \$45 Deductible \$75 Total
In-network discounted price	Eye exam with dilation: \$45 Frame: \$60 Total: \$105	Eye exam with dilation: \$30 Frame: \$70 Total: \$100	Eye exam with dilation: \$40 Frame: \$70 Total: \$110
Out-of-network allowance	Eye exam with dilation: up to \$35 Frame: up to \$40 Total is retail minus \$75 or \$55-\$375	Eye exam with dilation: up to \$25 Frame: up to \$40 Total is retail minus \$65 or \$65-\$385	Eye exam with dilation: up to \$40 Frame: up to \$40 Total is retail minus \$80 or \$50-\$380
Retail price <small>[Request estimate from optical retailer or use totals from previous eyewear purchase(s).]</small>	\$50 for eye exam \$80-\$400 for frames Total is \$130-\$450		