

# Florida Swimming Pool Association, Inc.

Plan Design Summary



## Eye Exams, Lenses, Frames, Frequencies

Proposed Effective Date: 5/1/2009

	Plan 1: Focus®	
	VSP Network	Out of Network
Annual Eye Exam	Covered in full	Up to \$52
Lenses (per pair)		
Single Vision	Covered in full	Up to \$55
Bifocal	Covered in full	Up to \$75
Trifocal	Covered in full	Up to \$95
Lenticular	Covered in full	Up to \$125
Progressive	See lens options	NA
Frames	\$120	Up to \$45
Frequencies		
Exam/Lens/Frames	12/12/24 Based on date of service	12/12/24 Based on date of service

## Deductible, Maximum

<b>Deductibles</b>	\$20 Exam \$20 Eye Glass Lenses or Frames*	\$20 Exam \$20 Eye Glass Lenses or Frames
<b>Maximum</b>		
<b>Calendar Year</b>	None	None

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected

## Contact Lenses

Fit & Follow Up Exams	15% discount. See Additional Focus Features.	No benefit
Contacts		
Elective	Up to \$105	Up to \$105
Medically Necessary	Covered in full	Up to \$210

## Weekly Rates

Employee (EE)	\$2.73
EE+ Spouse	\$4.94
EE+ Children	\$4.18
EE+ Spouse + Children	\$6.39

Rates are guaranteed for 12 months following the effective date listed above and include *administrative fees*.  
**PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose paper certificates, monthly rates will increase \$.20 per employee**