

Group Vision Proposal

Sample Group
Prepared by (Sample Only) B & P Staff
San Diego, San Diego, 92198
Effective July 01, 2016

Anthem Blue Cross - Blue View A1-10.0		Group Monthly Premium: \$146.78
Benefit	In-Network	Out-Network
Eye Exam	\$10 copay (Every 12 months)	\$42 allowance (Every 12 months)
Lenses (Single Vision)	\$0 copay (Every 12 months)	\$40 allowance (Every 12 months)
Lenses (Bifocal)	\$0 copay (Every 12 months)	\$60 allowance (Every 12 months)
Frame	\$130 allowance (Every 12 months); 20% off remaining balance	\$45 allowance (Every 12 months)
Contact Lenses (Conventional)	\$130 allowance (Every 12 months); 15% off remaining balance	\$92 allowance (Every 12 months)
Contact Lenses (Disposable)	\$130 allowance (Every 12 months)	\$92 allowance (Every 12 months)

Name	Age	Status	Zip	EE Rate	Dep rate	TotalRate
Amerson Amy	22	EE	92198	\$13.10	\$0.00	\$13.10
Brown Bob	32	ES	95135	\$13.10	\$9.17	\$22.27
Christian Cathy	42	EMC	94612	\$13.10	\$8.12	\$21.22
Davidson David	52	ES	94558	\$13.10	\$9.17	\$22.27
Edwards Edward	61	EMC	60601	\$13.10	\$8.12	\$21.22
Adamson Adam	20	EE	94105	\$13.10	\$0.00	\$13.10
Raymond Roger	32	EF	94596	\$13.10	\$20.50	\$33.60

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by the carrier. Final rates are determined by the carrier's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this website or printed output, will form the contract between the insured and the carrier.