

CARA VSP

7 Plan Options – Monthly Rates Effective Through February 28, 2011		
EXAM PLUS		Employee Only \$ 3.50
Exam	Once every 12 months, \$15 co-pay	Employee + Spouse \$ 7.00
Lenses	Up to 20% discount	Employee + Child(ren) \$ 7.00
Frame	Up to 20% discount	Employee + Family \$ 7.00
PLAN A (\$15/\$30)		Employee Only \$ 7.75
Exam	Once every 12 months, \$15 co-pay	Employee + Spouse \$ 12.41
Lenses	Once every 24 months, \$30 co-pay	Employee + Child(ren) \$ 12.67
Frame	Once every 24 months, \$120 allowance	Employee + Family \$ 20.42
PLAN A (\$15/\$30) + Computer VisionCare		Employee Only \$ 11.75
Exam	Once every 12 months, \$15 co-pay	Employee + Spouse \$ 16.41
Lenses	Once every 24 months, \$30 co-pay	Employee + Child(ren) \$ 16.67
Frame	Once every 24 months, \$120 allowance	Employee + Family \$ 24.42
CVC	Once every 12 months, \$10 co-pay	
PLAN B (\$15)		Employee Only \$ 15.31
Exam	Once every 12 months, \$15 co-pay	Employee + Spouse \$ 24.49
Lenses	Once every 12 months, \$15 co-pay	Employee + Child(ren) \$ 25.00
Frame	Once every 24 months, \$120 allowance	Employee + Family \$ 40.31
PLAN B (\$15) + Computer VisionCare		Employee Only \$ 19.31
Exam	Once every 12 months, \$15 co-pay	Employee + Spouse \$ 28.49
Lenses	Once every 12 months, \$15 co-pay	Employee + Child(ren) \$ 29.00
Frame	Once every 24 months, \$120 allowance	Employee + Family \$ 44.31
CVC	Once every 12 months, \$10 co-pay	
PLAN B (\$15/\$30)		Employee Only \$ 10.65
Exam	Once every 12 months, \$15 co-pay	Employee + Spouse \$ 17.03
Lenses	Once every 12 months, \$30 co-pay	Employee + Child(ren) \$ 17.39
Frame	Once every 24 months, \$120 allowance	Employee + Family \$ 28.03
PLAN B (\$15/\$30) + Computer VisionCare		Employee Only \$ 14.65
Exam	Once every 12 months, \$15 co-pay	Employee + Spouse \$ 21.03
Lenses	Once every 12 months, \$30 co-pay	Employee + Child(ren) \$ 21.39
Frame	Once every 24 months, \$120 allowance	Employee + Family \$ 32.03
CVC	Once every 12 months, \$10 co-pay	

Important Information: Please refer to Description of Benefits and Coverage for details.

Monthly Administration Fee Options: Please make check payable to **CARA**.

- \$ 3.50 for Automatic Bank Draft (ACH)
- \$10.00 for Monthly Statements By Mail (1 to 4 employees)
- \$20.00 for Monthly Statements By Mail (5 or more employees)

For questions, call AIS at (800) 788-6524 or visit our website at www.ais-insurance.com.