

**ODS Vision Plans with Rates**



Plan Option	OEBB Vision Plan 1	OEBB Vision Plan 2	OEBB Vision Plan 3	OEBB Vision Plan 4	OEBB Vision Plan 5
<b>Plan Maximum</b>	\$250	\$350	\$450	\$600	See allowances
<b>Routine Eye Exam</b>	\$10 copay	100%	100%	100%	100% up to \$64.50
<b>Exam Frequency</b>	12 months	12 months	12 months	12 months	12 months
<b>Lenses</b>	Either one pair of lenses or contacts	Either one pair of lenses or contacts	Either one pair of lenses or contacts	Either one pair of lenses or contacts	Either one pair of lenses or contacts
<b>Single Vision</b>	100%	100%	100%	100%	100% up to \$58.50 / year
<b>Bifocal</b>	100%	100%	100%	100%	100% up to \$86.00 / year
<b>Lenticular</b>	100%	100%	100%	100%	100% up to \$86.00 / year
<b>Trifocal</b>	100%	100%	100%	100%	100% up to \$109.00 / year
<b>Contact Lenses</b>	100%	100%	100%	100%	100% up to \$192.50 / year
<b>Lens Frequency</b>	12 months	12 months	12 months	12 months	12 months
<b>Frames</b>	100%	100%	100%	100%	100% up to \$75.00 / year
<b>Frame Frequency</b>	child: 12 months, adult: 24 months	child: 12 months, adult: 24 months	child: 12 months, adult: 24 months	child: 12 months, adult: 24 months	child: 12 months, adult: 24 months

Vision							
ODS Health Plans							
OEBB Rates							
2008 Contract Year (effective October 1, 2008)							
OEBB Plan		Tier-Rated Groups				Composite-Rated Groups	
		Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit	
<b>Standard</b>							
<b>Plan 1</b>		\$ 7.96	\$ 17.51	\$ 15.12	\$ 24.66	\$	18.17
<b>Plan 2</b>		\$ 10.45	\$ 23.00	\$ 19.86	\$ 32.41	\$	23.88
<b>Plan 3</b>		\$ 11.79	\$ 25.93	\$ 22.39	\$ 36.54	\$	26.91
<b>Plan 4</b>		\$ 13.79	\$ 30.33	\$ 26.19	\$ 42.74	\$	31.49
<b>Plan 5</b>		\$ 7.55	\$ 16.61	\$ 14.35	\$ 23.40	\$	17.24

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