



## Vision Benefit Overview ACRO HR SOLUTIONS

### COMPREHENSIVE VISION CARE

Spectera offers you a benefit consisting of the following features:

<u>Materials</u>	<u>Your Cost as a Spectera Member*</u>	<u>Your Average cost without Spectera</u>
Examination (Once Every 12 Months)	Covered in full, less Co-Payment**	\$55.00
Bifocal Lenses (Once Every 12 Months)	Covered in full, less Co-Payment**	\$94.00
Frame** (Once Every 24 Months)	Covered in full, less Co-Payment**	\$109.00

\*Costs are based upon visiting a participating Spectera provider and choosing from within the covered selection. Some items may require an additional charge.

\*\*A \$10 examination co-payment and \$10 materials co-payment (lenses and/or frame) will be charged.

\*\*\*Contact lenses are offered in lieu of frame and lenses, once every 12 months. Choose from a covered-in-full selection or receive a generous allowance toward non-covered contacts.

### CHOICE AND ACCESS OF VISION CARE PROVIDERS

Spectera offers its program through a national network of vision care providers. To access the provider locator service please call 1-800-839-3242, 24 hours a day, 7 days a week, or visit our web site at [www.spectera.com](http://www.spectera.com). If you elect to receive any of the services listed above with an out-of network provider, you are still eligible for benefits under a reimbursement schedule.

### AFFORDABLE COVERAGE

Spectera's vision benefit is very affordable. The monthly costs are:

Employee Only: \$9.00

Employee + One: \$15.00

Employee + Family: \$24.00

*Please note that these costs are deducted from your paycheck on a pre-tax basis and as such, the actual cost to you will be slightly less than the indicated amount based upon your tax bracket.*

### HOW TO ENROLL

Simply fill out an enrollment form and turn it in to your payroll office. Upon enrolling, you will receive a brochure that includes detailed benefit information and how to use the program.