



CALIFORNIA'S VALUED TRUST

Healthcare Benefits for the Education Community

Vision Plan Rates Plan Year 2009/2010

Plan	Composite	Two-Tiered Employee Only	Two-Tiered Employee + Family	Three-Tiered Employee Only	Three-Tiered Employee + One	Three-Tiered Employee + Family
PLAN A: EYE EXAM: 1 EACH 12 MONTHS*, LENSES: 1 EACH 24 MONTHS*, FRAMES: 1 EACH 24 MONTHS*						
Plan A \$0.00 Deductible	\$24.29	\$10.56	\$28.36	\$10.56	\$20.04	\$30.77
Plan A \$5.00 Deductible	\$19.68	\$8.86	\$23.09	\$8.86	\$16.56	\$24.99
Plan A \$7.50 Deductible	\$18.42	\$8.38	\$21.72	\$8.38	\$15.10	\$23.60
Plan A \$10.00 Deductible	\$17.72	\$7.68	\$20.79	\$7.68	\$14.56	\$22.67
Plan A \$15.00 Deductible	\$16.11	\$7.17	\$18.60	\$7.17	\$13.40	\$20.64
PLAN B: EYE EXAM: 1 EACH 12 MONTHS*, LENSES: 1 EACH 12 MONTHS*, FRAMES: 1 EACH 24 MONTHS*						
Plan B \$0.00 Deductible	\$27.62	\$12.45	\$33.16	\$12.45	\$22.75	\$35.81
Plan B \$5.00 Deductible	\$24.05	\$10.56	\$28.58	\$10.56	\$20.30	\$30.96
Plan B \$7.50 Deductible	\$20.19	\$9.38	\$24.11	\$9.38	\$16.87	\$26.09
Plan B \$10.00 Deductible	\$19.53	\$8.95	\$23.10	\$8.95	\$16.71	\$24.82
Plan B \$15.00 Deductible	\$17.48	\$8.38	\$21.57	\$8.38	\$15.52	\$22.93
PLAN C: EYE EXAM: 1 EACH 12 MONTHS*, LENSES: 1 EACH 12 MONTHS*, FRAMES: 1 EACH 12 MONTHS*						
Plan C \$0.00 Deductible	\$31.37	\$14.60	\$37.41	\$14.60	\$27.00	\$40.83
Plan C \$5.00 Deductible	\$25.90	\$11.75	\$33.83	\$11.75	\$23.51	\$36.65
Plan C \$7.50 Deductible	\$24.87	\$11.41	\$29.83	\$11.41	\$21.23	\$32.10
Plan C \$10.00 Deductible	\$23.86	\$10.55	\$28.21	\$10.55	\$19.61	\$30.82
Plan C \$15.00 Deductible	\$21.88	\$9.65	\$25.89	\$9.65	\$18.14	\$28.30
Contacts with a \$50 Deductible	\$5.00	\$2.82	\$5.91	\$2.82	\$4.49	\$6.48
2nd Pair of Glasses - \$20 Deductible	\$3.10	\$1.61	\$3.55	\$1.61	\$2.82	\$4.03

* From last date of service