Employer Pays 0-24% of Premium for Employees and Dependents 51+ Employees Enrolled | Net of Commission			
FREQUENCY	**COPAYS AND ALLOWANCES**	**ENHANCEMENTS AND SUPPLEMENTAL BENEFITS**	**MONTHLY RATES**
Exam every 12 months	$10 Exam Copay		Employee Only $6.09
Lenses every 12 months	$25 Frame/Lens Copay		Employee + One $9.75
Frame every 24 months	$130 Frame Allowance		Employee + Children $9.95
Contact Lenses every 12 months (Instead of lenses and frame)	$130 Contact Lens Allowance		Employee + Family $16.04

Revised renewal rate

_____

Print Name

_____

Signature

_____

Date