

## Otsego Public Schools

Effective 09/01/2014

	AlwaysCare	Met Life	EyeMed
<b>Co-Pays</b>			
Exam	\$10	\$10	\$0
Materials	\$10	\$25	\$0
Contact Lense Fitting	\$10	Up to \$60	Up to \$55
<b>Plastic Lenses</b>			
Single Vision	\$0	\$0	\$0
Bifocal	\$0	\$0	\$0
Trifocal	\$0	\$0	\$0
Lenticular	\$80 allowance	\$0	\$0
Progressive	\$70 allowance	\$25 co-pay	\$65 co-pay
<b>Frames</b>	\$120 allowance	\$130 allowance	\$130 allowance
<b>Contact Lenses</b>			
Elective	Up to \$120	\$130 allowance	\$135 allowance
Medically Necessary	Up to \$210	\$0	\$0
<b>Rate Guarantee</b>	4 years	2 years	4 years
<b>Rates (assumed enrollment)</b>			
Employee Only 32	\$5.70	\$6.59	\$7.31
Employee + Spouse 33	\$11.40	\$12.37	\$13.90
Family 86	\$15.78	\$17.42	\$20.41
<b>Estimated Total Monthly Premium</b>	<b>\$1,915.68</b>	<b>\$2,117.21</b>	<b>\$2,447.88</b>
<b>Estimated Total Annual Premium</b>	<b>\$22,988.16</b>	<b>\$25,406.52</b>	<b>\$29,374.56</b>

*Comparisons are a brief summary of benefits. In the event of a conflict, the Certificate of Coverage will override this document. All rates are estimates subject to change based on final submission.*

