



Insurance
Payroll
HR Solutions

2024 Vision Rates Solstice

BOLD print represent a cost share change

Plan Name	Low - SV8	Mid - SV1	High - SV9
Plan Benefit Frequency			
Eye Examination	Once every 12 months	Once every 12 months	Once every 12 months
Spectacle Lenses	Once every 12 months	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 12 months	Once every 12 months
Contact Lens (in lieu of eyeglasses)	Once every 12 months	Once every 12 months	Once every 12 months
Copayments			
Eye Examination	\$10	\$10	\$0
Spectacle Lenses	\$25	\$10	\$0
Frames (Collection / Allowances)			
Spectacle Lenses	Up to \$100	Up to \$130	Up to \$150
Frames	Up to \$100	Up to \$130	Up to \$150
Contact Lens (in lieu of eyeglasses)	Up to \$100	Up to \$130	Up to \$150
Warby Parker, Walmart, Target, America's Best, 1800contacts and more			
Monthly Premium Information			
Single	\$3.94	\$6.16	\$7.85
Subscriber and Spouse	\$7.50	\$11.69	\$14.91
Subscriber and Child(ren)	\$8.80	\$13.71	\$17.50
Family	\$12.38	\$19.31	\$24.62

This comparison is intended to be a brief summary of benefits only.
It is not a contract. In the event of a dispute, subscriber contract will control.