

## 2010 VISION PLAN

	PACIFICARE PPO Vision Basic Plan		Medical Eye Services PPO Vision Plan
	Eyewear Only** (frames & lenses only)	Full Service** (exam, frames & lenses)	Full Service (exam, frames & lenses)
<b>BI-WEEKLY RATES</b>			
Employee Only	\$3.00	\$4.00	\$4.25
Employee + 1 Dependent	\$5.50	\$7.50	\$7.75
Employee + 2 or more Dependents	\$8.25	\$10.00	\$11.00
<b>DEDUCTIBLE</b>	\$10		\$10
<b>COMPLETE EXAM</b> (1 time every 12 months)	Not Covered	No Charge	No Charge
<b>LENSES</b> (Medically Necessary)			
Single Vision	No Charge		No Charge
Flat Top Bifocal	No Charge		No Charge
Trifocal	No Charge		No Charge
<b>FRAMES</b>	\$90 Allowance (every 24 months)		\$125.00 Allowance (every 24 months)
<b>CONTACT LENSES</b>			
Medically Necessary	No Charge		No Charge
Cosmetic Purposes	\$100 Allowance		\$125.00 Allowance

\*Benefits for PacifiCare Vision and MES Vision are for In-Network providers.

The above is a brief summary of benefits only and not an offer of insurance.  
Please refer to your Evidence of Coverage for a complete description of benefits and exclusions.

## How Do RSA Monthly Rates Compare to County of Riverside and CalPERS Rates?

	RSA California Care	County Blue Shield	CalPERS Blue Shield	RSA Kaiser	County Kaiser	CalPERS Kaiser
Emp Only	\$491.00	\$487.30	\$485.29	\$430.00	\$469.00	\$455.00
Emp + Spouse	\$767.00	\$972.58	\$970.58	\$745.00	\$936.00	\$909.98
Emp + Child(ren)	\$744.00	Not offered	Not offered	\$722.00	Not offered	Not offered
Emp + Family	\$985.00	\$1263.76	\$1261.75	\$963.00	\$1216.00	\$1182.97