

2008 VISION PLANS

	PACIFICARE PPO Vision Basic Plan		DELTA CARE Vision Plan B
	Eyewear Only** (frames & lenses only)	Full Service** (exam, frames & lenses)	Full Service (Participating Providers Only) (exam, frames & lenses)
BI-WEEKLY RATES			
Employee Only	\$3.00	\$4.00	\$2.50
Employee + 1 Dependent	\$5.50	\$7.50	\$4.50
Employee + 2 or more Dependents	\$8.25	\$10.00	\$6.75
DEDUCTIBLE	\$10		\$10
COMPLETE EXAM (1 time every 12 months)	Not Covered	No Charge	No Charge
LENSES (Medically Necessary)			
Single Vision	No Charge		\$15
Flat Top Bifocal	No Charge		\$20
Trifocal	No Charge		\$35
FRAMES	\$90 Allowance (every 24 months)		\$20
CONTACT LENSES			
Medically Necessary	No Charge		\$50
Cosmetic Purposes	\$100 Allowance		\$80

*Benefits for PacifiCare 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	\$368.00	\$414.60	\$447.97	\$362.00	\$428.00	\$393.63
Emp + Spouse	\$665.00	\$827.18	\$895.94	\$656.00	\$854.00	\$787.26
Emp + Child(ren)	\$642.00	Not offered	Not offered	\$634.00	Not offered	Not offered
Emp + Family	\$878.00	\$1073.32	\$1164.72	\$864.00	\$1109.00	\$1023.44