



BLUE 20/20

## **MIA VOLUNTARY PREMIUM PLAN AND RATE SHEET**

Blue 20/20 is administered by EyeMed Vision Care®, an independent vision benefits company.

The **Access** network has more than 123,000 access points. Below is a breakdown of the plan design and the monthly rates. Please refer to the benefit summary for the full plan details.

Network	Lens Copay	Frame Allowance	Contact Allowance	Frequency (Lens/Frames)
Insight	\$10	\$150	\$150	12/12

Enrollment tier	Employee	Employee & Spouse	Employee plus one or more children	Family
Monthly rates	\$6.77	\$11.51	\$11.85	\$18.62

## **UNDERWRITING GUIDELINE**

- Voluntary: Employers contribute less than 25% of plan premiums, or plans are 100% employee paid.
- For groups of 2-9 eligible employees: At least 75% participation and a minimum of two employees are required to be enrolled.
- For groups of 10 or more eligible employees: At least 10% participation and a minimum of three employees are required to be enrolled.
- Premiums must be payroll-deducted.
- Plans must be effective the first day of the month.
- Subscribers who disenroll may not re-enroll for at least two years, and re-enrollment must be on anniversary.
- Four-year rate guarantee.