

Employer-Paid Monthly Rates

Plan 1: Exam and lenses every 12 months. Frames every 24 months.
Exam co-pay: **\$10.00** Contacts or Lenses and Frames co-pay: **\$25.00**

Plan 2: Exam and lenses every 12 months. Frames every 24 months.
Exam co-pay: **\$15.00** Contacts or Lenses and Frames co-pay: **\$30.00**

4 Tier – Plan 1

4 Tier – Plan 2

Choose state:	EE	EE + Spouse	EE + Children	EE + Family	EE	EE + Spouse	EE + Children	EE + Family
CT, DC, LA, MA, NM, PR, RI, VI	\$4.96	\$9.40	\$11.04	\$15.51	\$4.34	\$8.23	\$9.65	\$13.56
MD, NJ, UT, VA	\$5.29	\$10.03	\$11.78	\$16.54	\$4.63	\$8.78	\$10.29	\$14.46
AZ, IA, OR, PA	\$5.62	\$10.65	\$12.51	\$17.58	\$4.92	\$9.33	\$10.94	\$15.37
AK, NH, WI	\$5.95	\$11.28	\$13.25	\$18.61	\$5.21	\$9.88	\$11.58	\$16.27
AL, GA, KY, MO, NC, NE, NV	\$6.28	\$11.91	\$13.98	\$19.65	\$5.50	\$10.42	\$12.22	\$17.18
IL, MI, OK, SC, TX, WV	\$6.61	\$12.53	\$14.72	\$20.68	\$5.79	\$10.97	\$12.87	\$18.08
HI, IN, MS, VT, WY	\$6.94	\$13.16	\$15.46	\$21.71	\$6.08	\$11.52	\$13.51	\$18.98
CA, ID, KS, ME, MT	\$7.27	\$13.79	\$16.19	\$22.75	\$6.37	\$12.07	\$14.15	\$19.89
SD, AR	\$7.61	\$14.41	\$16.93	\$23.78	\$6.65	\$12.62	\$14.80	\$20.79
FL	\$5.48	\$10.39	\$12.20	\$17.15	\$4.80	\$9.10	\$10.67	\$14.99
DE, NY, OH	\$4.19	\$7.94	\$9.32	\$13.10	\$3.67	\$6.95	\$8.15	\$11.45
WA	\$4.47	\$8.47	\$9.95	\$13.97	\$3.91	\$7.41	\$8.69	\$12.22
MN	\$4.75	\$9.00	\$10.57	\$14.85	\$4.15	\$7.88	\$9.24	\$12.98
TN	\$5.03	\$9.53	\$11.19	\$15.72	\$4.40	\$8.34	\$9.78	\$13.74
CO	\$5.03	\$9.53	\$11.19	\$15.72	\$4.40	\$8.34	\$9.78	\$13.75
ND	\$5.59	\$10.59	\$12.43	\$17.47	\$4.89	\$9.27	\$10.87	\$15.27

- Applicable to effective dates Jan 1, 2016 – Dec 31, 2016.
- For groups with 10-499 eligible lives; for groups with 500+ eligible lives, please contact your TEB representative for a custom quote.
- These rates assume the employer pays more than 50% of the premium for all tiers. Voluntary rates are available for groups for which the employee contributes at least 50%.
- Participation requirement for employer-paid rates is 75% of eligible employees.
- Guaranteed for 24 months.
- Commissions for states in zones 10-16 (FL, DE, NY, OH, WA, MN, TN, CO and ND) are capped at 10%.
- Rates for other pay frequencies are available upon request.

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SightAdvantageSM vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, CT, UnitedHealthcare Insurance Company of New York, located in Islandia, NY, or their affiliates.

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Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.



3 Tier – Plan 1

Choose state:	EE	EE + 1	EE + Family
CT, DC, LA, MA, NM, PR, RI, VI	\$4.96	\$9.04	\$15.68
MD, NJ, UT, VA	\$5.29	\$9.64	\$16.73
AZ, IA, OR, PA	\$5.62	\$10.25	\$17.77
AK, NH, WI	\$5.95	\$10.85	\$18.82
AL, GA, KY, MO NC, NE, NV	\$6.28	\$11.45	\$19.86
IL, MI, OK, SC, TX, WV	\$6.61	\$12.05	\$20.91
HI, IN, MS, VT, WY	\$6.94	\$12.66	\$21.95
CA, ID,KS, ME, MT	\$7.27	\$13.26	\$23.00
SD, AR	\$7.61	\$13.86	\$24.04
FL	\$5.48	\$9.99	\$17.33
DE, NY, OH	\$4.19	\$7.63	\$13.24
WA	\$4.47	\$8.14	\$14.13
MN	\$4.75	\$8.65	\$15.01
TN	\$5.03	\$9.16	\$15.89
CO	\$5.03	\$9.16	\$15.89
ND	\$5.59	\$10.18	\$17.66

3 Tier – Plan 2

EE	EE + 1	EE + Family
\$4.34	\$7.91	\$13.70
\$4.63	\$8.44	\$14.61
\$4.92	\$8.96	\$15.53
\$5.21	\$9.49	\$16.44
\$5.50	\$10.02	\$17.35
\$5.79	\$10.55	\$18.27
\$6.08	\$11.07	\$19.18
\$6.37	\$11.60	\$20.09
\$6.65	\$12.13	\$21.01
\$4.80	\$8.74	\$15.15
\$3.67	\$6.68	\$11.57
\$3.91	\$7.13	\$12.34
\$4.15	\$7.57	\$13.11
\$4.40	\$8.02	\$13.88
\$4.40	\$8.02	\$13.89
\$4.89	\$8.91	\$15.43

2 Tier – Plan 1

Choose the state:	EE	EE + Family
CT, DC, LA, MA, NM, PR, RI, VI	\$4.96	\$12.39
MD, NJ, UT, VA	\$5.29	\$13.22
AZ, IA, OR, PA	\$5.62	\$14.04
AK, NH, WI	\$5.95	\$14.87
AL, GA, KY, MO NC, NE, NV	\$6.28	\$15.69
IL, MI, OK, SC, TX, WV	\$6.61	\$16.52
HI, IN, MS, VT, WY	\$6.94	\$17.35
CA, ID,KS, ME, MT	\$7.27	\$18.17
SD, AR	\$7.61	\$19.00
FL	\$5.48	\$13.70
DE, NY, OH	\$4.19	\$10.46
WA	\$4.47	\$11.16
MN	\$4.75	\$11.86
TN	\$5.03	\$12.56
CO	\$5.03	\$12.56
ND	\$5.59	\$13.95

2 Tier – Plan 2

EE	EE + Family
\$4.34	\$10.83
\$4.63	\$11.55
\$4.92	\$12.27
\$5.21	\$13.00
\$5.50	\$13.72
\$5.79	\$14.44
\$6.08	\$15.16
\$6.37	\$15.88
\$6.65	\$16.61
\$4.80	\$11.97
\$3.67	\$9.15
\$3.91	\$9.76
\$4.15	\$10.37
\$4.40	\$10.98
\$4.40	\$10.98
\$4.89	\$12.20