

**SIHO Vision Premium Rates:** Rates effective through 6/30/2017

	<b>12/12 Plan</b>	<b>12/24 Plan</b>
<b>Eye Examination</b>		
Frequency	Once every 12 Months	Once every 12 Months
Copayment	\$10	\$10
<b>Eyeglass Lenses</b>		
Frequency	Once every 12 Months	Once every 24 Months
Copayment	\$20	\$20
<b>Eyeglass Frames</b>		
Frequency	Once every 12 Months	Once every 24 Months
Copayment	\$0	\$0
<b>Contact Lenses</b>		
Frequency	Once every 12 Months	Once every 24 Months
Copayment	\$20	\$20

<b>4 Tier Monthly Rates</b>		
	<b>12/12 Plan</b>	<b>12/24 Plan</b>
Employee Only	\$9.64	\$6.58
Employee + Spouse	\$18.34	\$12.51
Employee + Child(ren)	\$19.33	\$13.19
Family	\$27.99	\$19.12