



Solstice Vision Plan

Clear 10 Benefits Summary

In-Network Procedures	Member Co-Payment	Benefit
Eye Exam	\$4.00	One exam every 12 months
Single Lenses	\$10.00	One standard pair (plastic or clear glass) every 12 months
Bifocal Lenses	\$10.00	
Trifocal Lenses	\$10.00	
Lens Options <i>(tint, UV, anti-scratch coat, anti-reflective, progressive, polycarbonate, hi-index, photogray, transitions, polaroid)</i>	20% Discount	None
Frames*	\$79.00 Retail allowance after \$10.00 co-payment	Frames every 12 months
Contact Lenses*	\$85.00 Allowance**	Contact lenses every 12 months
Medically Necessary Contact Lenses	Paid In Full	

* Once a year benefit for either frames or contacts.

** Allowance is for exam, fitting, evaluation, follow-up care and materials.

More Options

- > Receive benefits immediately upon the coverage effective date
- > Annual deductible – NONE
- > Claim forms to submit – NONE
- > Waiting periods - NONE
- > Multilingual representatives
- > The member co-payments listed are guaranteed to be a 20-45% discount and are offered by a participating Solstice Provider.
- > The patient/member is ultimately responsible for verification as to the accuracy and appropriateness of all fees applicable.
- > Benefit for contacts or frames are a once a year benefit (Ex: one year frames the following year contacts).

Leading-Edge Technology

- > Employer internet services: Manage eligibility, receive electronic bills, make payments online, and access standard reporting options
- > Employee online self-service: Search for network vision providers, request ID card, view benefit
- > Interactive Voice Response (IVR) system available 24 hours a day, 7 days a week
- > Toll-free customer service line
- > You can locate participating vision providers at www.SolsticeBenefits.com or via our secure member portal, www.MySolstice.net

Sales@SolsticeBenefits.com or contact us at 877.760.2247

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This is a descriptive flier, not a contract. Please see the complete schedule for a complete description of benefits, limitations, and exclusions. All benefits are subject to the provisions of the Group Employer Contract.

Offered by Solstice Benefits, Inc. a Life and Health Insurer, pursuant to the Florida Insurance Code

www.SolsticeBenefits.com