Benefits Package for Origin Investigations Inc.

Vision Plan Details

8 Guardian

Guardian EM Vision 9: CA

Coverage Details

Deductible	\$0
Annual Maximum Benefit	\$0
Exam Copay	\$10
Exam Frequency	12 months
Glasses Copay	\$20
Frames Allowance	1 \$150
Frames Frequency	12 months
Contact Lenses Allowance	\$150
Contact Lenses Frequency	12 months

View Details (PDF)

After deductible is met.

Company Contribution

Your company contributes separately to employees' and dependents' premiums.

- Employee: Employee pays for the whole premium.
- Dependents: Employee pays for the whole premium.

Disclaimer: The above quotes are for illustrative purposes only and are subject to underwriting approval. All coverages are subject to the terms, conditions, and exclusions of the actual policy issued.

¹ for over \$150