

Expatriate Insurance

Proposed Group Insurance Vision Plan

Tanisha Systems, Inc.
Effective Date: 12/01/2019

Vision Benefits	Vision Plan B Please note that if the Vision Rider is purchased alongside Medical, the Vision Rider benefits will be primary.		
	Outside the U.S.	U.S. In-Network	U.S. Out of Network
Eye Exam - every 12 months	Up to \$80	\$10 copay	Reimbursed up to \$40
Materials			
Lenses - every 12 months		\$25 materials copay	
Standard Single Vision	Up to \$60	Covered in full after materials copay	Up to \$40
Standard Bifocal	Up to \$80	Covered in full after materials copay	Up to \$60
Standard Trifocal	Up to \$115	Covered in full after materials copay	Up to \$80
Lenticular	Up to \$130	Covered in full after materials copay	Up to \$80
Frames - every 24 months	Up to \$110	Retail allowance up to \$130	Up to \$45
Contact Lenses - every 12 months			
Elective	Up to \$150	Covered lens selection, covered in full up to 4 boxes after \$25 copay	Up to \$105
Medically Necessary	Up to \$210	Covered in full after materials copay	Up to \$210
Please note that if the Vision Rider is purchased alongside Medical, the Vision Rider benefits will be primary.			
You are eligible to select only one of either eyeglasses (Eyeglass Lenses and/or Eyeglass Frames) or Contact Lenses. If you select more than one of these services, only one service will be covered.			