



Weekly Rates

Vision Plan

<i>Age Groups</i>	<i>Individual</i>	<i>Individual & Spouse</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>
18-39	\$3.21	\$5.05	\$5.28	\$6.67
40-49	\$4.36	\$7.36	\$6.09	\$8.61
50-70	\$6.55	\$11.28	\$7.59	\$11.52

Plan pays you back a Wellness Benefit, PER PERSON, between \$35-\$245 once per year for routine exams/prescribed vision correction materials (contacts and/or glasses)

Benefits get paid by PLAN YEAR

Plan has many eligible cash paying benefits for covered diagnosis, surgeries and vision impairment status

**This is NOT a plan that only pays for exams & glasses/contacts/benefits.
It does way more than that!**

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