

# PACIFICARE SIGNATURE OPTIONS<sup>SM</sup> (PPO) VISION PLANS SMALL GROUP - CALIFORNIA



## Contributory Plan Designs:

Groups of 2-50 Employees	Eyewear Only	Full Service
Exam Frequency	N/A	12 months
Lens Frequency	12 months*	12 months*
Frame Frequency	24 months	24 months
Frame Allowance	\$90 (retail)	\$90 (retail)

\*If prescription changes by +/- 0.5 diopter or more.

<b>Available Materials Deductibles</b>	\$0
<b>Virgin Groups</b>	Eligible
<b>Voluntary Plans</b>	Not available