**DIAGNOSIS**

**TIME TO ORDER NEW CONTACT LENSES.**
- With Vision Insurance: $25
- Without Vision Insurance: $120

**EMERGENCY! YOU HAD TO VISIT THE ER!**
- With Health Insurance: $150
- Without Health Insurance: $1,500

**TIME FOR YOUR ANNUAL EYE EXAM.**
- With Vision Insurance: $25
- Without Vision Insurance: $300

**YOU SCRATCHED YOUR CORNEA.**
- With Vision Insurance: $45
- Without Vision Insurance: $300

**CONGRATULATIONS! CLEAN BILL OF HEALTH.**

**TIME FOR A TEETH CLEANING.**
- With Dental Insurance: $25
- Without Dental Insurance: $150

**YOU NEED A TOOTH PULLED. OUCH!**
- With Dental Insurance: $25
- Without Dental Insurance: $220

**YOU NEED A FILLING REPLACED.**
- With Dental Insurance: $25
- Without Dental Insurance: $250
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>With Dental Insurance</th>
<th>Without Dental Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have three cavities.</td>
<td>$25</td>
<td>$350</td>
</tr>
<tr>
<td>You cut yourself and need stitches.</td>
<td>$45</td>
<td>$400</td>
</tr>
<tr>
<td>You need glasses.</td>
<td>$25</td>
<td>$120</td>
</tr>
<tr>
<td>Time for your annual eye exam.</td>
<td>$25</td>
<td>$300</td>
</tr>
<tr>
<td>You need a tooth pulled. Ouch!</td>
<td>$25</td>
<td>$220</td>
</tr>
<tr>
<td>You chipped a tooth.</td>
<td>$25</td>
<td>$300</td>
</tr>
</tbody>
</table>