



Benefit Descriptions & Comparisons

Dual Option Recommended

	Eyetopia Proposed 120/145 Plan	Eyetopia Proposed 150/250 Plan
Exam Co-pay	\$10	\$5
Material option in lieu of Exam	\$10	\$5
Materials Co-pay	\$20	None
Single Vision Lens	Covered	Covered
Bifocal Lens	Covered	Covered
Trifocal Lens	Covered	Covered
Lenticular Lens	Covered	Covered
Progressive Lens	Covered	Covered
Frame Allowance	\$120 retail	\$150 Retail
Polycarbonate Lenses	\$35 co-pay	Covered
Scratch Coating	\$15 co-pay	Covered
UV Protection Coating	\$12 co-pay	Covered
Anti-Reflective Coating	\$45 co-pay	Covered w/ VCDLabs lenses
Tint	\$12 co-pay	12.00 co-pay
Non-Rx Computer Glasses	Covered	Covered
Medically Necessary Spectacles	\$400 allowance	\$400 allowance
Contact Lens Allowance	\$145	\$250
Medically Necessary Contacts	\$400 allowance	\$400 allowance
Contact Lens Co-pay	\$20	\$0
Standard Contact Fitting Fee	Included in Allowance	Included in Allowance
Exam Frequency	1 per 12 months	1 per 12 months
Lens Frequency	1 per 12 months	1 per 12 months
Frame Frequency	1 per 12 months	1 per 12 months
Contact Frequency	1 per 12 months	1 per 12 months
Refractive Surgery	\$350/Eye Allowance (All FDA Procedures)	\$500/Eye Allowance (All FDA Procedures)
Voluntary Rates		
Employee	\$10.00	\$20.00
Employee + 1	\$19.00	\$39.00
Employee + children	\$24.00	\$44.00
Family	\$27.00	\$54.00