

		Davis Vision	EyeMed	UHC	VSP
VISION BENEFITS		Current/Renewal	Proposed	Proposed	Proposed
Annual Eye Exam					
In-Network		\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Non-Network		Up to \$40	Up to \$40	Up to \$40	Up to \$45
Frames / Lenses					
Frames - Network/Non-Network		\$25 copay / Up to \$45	\$25 Copay / Up to \$75	\$25 Copay / Up to \$45	\$25 Copay / Up to \$50
Single Vision - Network/Non-Network		\$25 / Up to \$40	\$25 / Up to \$30	\$0/ Up to \$40	\$0 / Up to \$30
Bifocal Lenses - Network/Non-Network		\$25 / Up to \$60	\$25 / Up to \$50	\$0/ Up to \$60	\$0 / Up to \$50
Trifocal Lenses - Network/Non-Network		\$25 / Up to \$80	\$25 / Up to \$70	\$0/ Up to \$80	\$0 / Up to \$60
Retail Frame Allowance		\$150 or \$200 allowance @ Visionworks / Up to \$45	\$150 or \$200 allowance @ Visionworks / Up to \$75	Up to \$150 / Up to \$45	\$150 allowance / Up to \$50
Exam Frequency		12 Months	12 Months	12 Months	12 Months
Lens Frequency		12 Months	12 Months	12 Months	12 Months
Frames Frequency		12 Months	12 Months	12 Months	12 Months
Contacts + Glasses in Same Benefit Period		Contact Lenses in lieu of lenses	Contact Lenses in lieu of lenses	Contact Lenses in lieu of lenses	Contact Lenses in lieu of lenses
Contacts					
In-Network					
<i>Medically Necessary</i>		Covered in Full	Covered in Full	Covered in Full	Covered in Full
<i>Elective</i>		Up to \$150	Up to \$150	Up to \$150	Up to \$100
Non-Network					
<i>Medically Necessary</i>		Up to \$210	Up to \$300	Up to \$210	Up to \$210
<i>Elective</i>		Up to \$150	Up to \$75	Up to \$150	Up to \$100
Lasik Benefit		\$200 One-Time allowance	15% off retail price	35% off national avg price	15-20 % off
FINANCIALS		Davis Vision	EyeMed	UHC	VSP
Employee Only	254	\$4.80	\$8.16	\$5.19	\$4.80
Employee & Spouse	39	\$9.71	\$15.50	\$10.50	\$10.78
Employee & Child(ren)	77	\$10.24	\$16.32	\$11.07	\$11.27
Employee & Family	107	\$15.38	\$23.99	\$16.63	\$16.18
Monthly Premium		\$4,032	\$6,501	\$4,360	\$4,239
Annual Premium		\$48,384	\$78,009	\$52,315	\$50,864
\$ Change from Current		\$0	\$29,624	\$3,930	\$2,480
% Change from Current		0.00%	61.23%	8.12%	5.12%
Effective Date		10/1/2019	10/1/2023	10/1/2023	10/1/2023
Rate Guarantee		4 Years	4 years	3 Years	4 years
Network Name		Davis Vision	EyeMed	UHC	VSP
Note: This is a brief summary and not intended to be a contract.					\$5,000 implementation credit