

Vision Plan Comparison	Prepared for: <b>University of North Alabama</b>	Effective date: <b>3/1/2020</b>
	<b>Current Choice Plan</b>	<b>Easy Options VSP Choice</b>
Comprehensive Exam (with Dilation) Copay	\$20.00	\$20.00
Retinal Imaging	\$39.00 maximum	\$39.00 maximum
Material (includes Lens and Frame) Copay	\$20.00	\$20.00
<b>Lens Coverage - in glass or plastic</b>		
Single Vision Lenses	Covered in Full	Covered in Full
Lined Bifocal Lenses	Covered in Full	Covered in Full
Lined Trifocal Lenses	Covered in Full	Covered in Full
Lenticular Lenses	Covered in Full	Covered in Full
<b>EasyOptions</b>	n/a	<b>Members can choose 1 EasyOptions Upgrade</b>
		1 of these 4 Options: Up to an additional \$100 towards the Frame Allowance Anti-Reflective Coatings Covered in Full All Other (non-standard) Progressives Covered in Full Photochromics/Light Changing Lenses Covered in Full
<b>Frame Allowance (Retail)</b>	<b>\$150</b>	<b>\$150 or \$250 with EasyOptions</b>
Frame Discounts	20% discount off retail coverage	20% discount off retail coverage
<b>Lens Enhancements</b>		<b>Members can choose 1 EasyOptions Upgrade</b>
Standard Anti-Reflective Coating	\$41	\$41 OR Covered with EasyOptions
All other Anti-Reflective Coating	\$58 - \$85	\$58 - \$85 OR Covered with EasyOptions
Photochromic	\$70 or \$82	\$70 or \$82 OR Covered with EasyOptions
Standard Progressive Lenses (multifocal only)	Covered in Full	Covered in Full
All other Progressive Lenses (multifocal only)	\$95 - \$175	\$95 - \$175 OR Covered with EasyOptions
Polycarbonate for Children	Covered in Full	Covered in Full
Polycarbonate	\$31 - 35	\$31 - 35
Standard Scratch Resistant Coating	\$17	\$17
Lens Enhancements Covered in full with a Copay	20-25% Savings on Most Common Lens Enhancements	20-25% Savings on Most Common Lens Enhancements
<b>Contact Lens Allowance (per year in lieu of frames/lenses)</b>		
Contact Lenses	\$150	\$200
Medically-Necessary Contact Lenses	Covered in Full less copay	Covered in Full less copay
Contact Lens Fitting & Evaluation Standard Fit Wearers	15% discounts off U&C not to exceed \$60	15% discounts off U&C not to exceed \$60
Contact Lens Fitting & Evaluation Premium Fit Wearers	15% discounts off U&C not to exceed \$60	15% discounts off U&C not to exceed \$60
<b>Additional Benefits and Savings</b>		
Member Promise	Lowest out of post cost guaranteed	Lowest out of post cost guaranteed
Primary Eyecare (PEC)	In Office Urgent Care \$20 copay per visit	In Office Urgent Care \$20 copay per visit
Hearing Aid Discounts	Exclusive discounts with TruHearing®	Exclusive discounts with TruHearing®
Discount Program or additional health services	Rx drugs, healthcare services/products, MRI, etc.	Rx drugs, healthcare services/products, MRI, etc.
Free Diabetes Awareness Program	Outreach program and exam reminders	Outreach program and exam reminders
Contact Lens Rebates	Exclusive Bausch+Lomb & CooperVision rebates	Exclusive Bausch+Lomb & CooperVision rebates
On-line Employee Wellness Programs	VSP GetFIT Program <sup>SM</sup> increase productivity	VSP GetFIT Program <sup>SM</sup> increase productivity
Prescription Sunglasses	20% off U&C	20% off U&C
Laser Vision Correction Discount	15% discount or 5% off promotional pricing	15% discount or 5% off promotional pricing
<b>Benefit Frequency</b>		
Exam, Lens and Frame (or Contacts in lieu of glasses)	12/12/24	12/12/12
<b>Monthly Rates</b>		
Employee Only	\$8.88	\$14.48
Employee + 1	\$17.76	\$20.99
Employee + 2 or more	\$23.76	\$37.63