

Comparison Chart of 2015 Vision Coverage Options

Vision Benefit	EPIC Benefits+ Vision Plan Option - Additional Premium Cost		Affinity Vision Discount Program - Included with EPIC Benefits+ and Dental WI	VSP Vision Insurance				
	In-Network Benefits	Non-Network Benefits	Member Price ¹	In-Network Benefits	Non-Network Benefits			
Routine Eye Examination	Not covered	Not covered	85% of provider's Usual & Customary	Covered in full once every calendar year after \$15 copay.	\$45 maximum reimbursement allowance.			
Lenses (Spectacle or Contact)	Every 12 months - \$25 copay	See Spectacle Lenses	See below	\$25 copay applies once towards lenses and frames.	Maximum reimbursement allowance: Single Vision - \$33 Bifocal - \$50 Trifocal - \$66 Lenticular - \$80			
Benefit Frequency								
Lenses	Every 12 months based upon date of service		No limitation		Every calendar year.			
Frames	Every 24 months based upon date of service				Every other calendar year.			
Frames								
Davis Vision Collection Frames		\$30 allowance	Member pays \$40 plus 90% of balance for frames over \$70 retail price.	\$25 copay applies once towards lenses and frames.	\$70 maximum reimbursement allowance.			
Fashion	\$0							
Designer	\$0							
Premier	\$25							
Non-Collection Frame Allowance	\$130 allowance. Member receives 20% ⁴ discount on charges over \$130.							
Spectacle Lenses								
Single Vision / Bifocal / Trifocal / Lenticular	Plastic lenses included.	EPIC pays \$25 - \$60	\$35 / \$55 / \$65 / \$110	Covered in full after copay.	Maximum reimbursement allowance: Single Vision - \$33 Bifocal - \$50 Trifocal - \$66 Lenticular - \$80			
Lens Upgrades - Member Pays Discounted Cost								
Glass Lenses	\$0	Not Available	\$18	Scratch-resistant coating is included at no cost.	No additional discounts or reimbursements available for optional lens treatments at a Non-Network provider.			
Tinting of Plastic Lenses: Solid Tint / Gradient Tint	\$0		\$10 / \$12					
Scratch Resistant Coating	\$0		\$20					
Scratch Protection Plan: Single Vision / Multifocal	\$20 / \$40		Not available					
Ultraviolet Coating	\$12		\$15					
Standard Anti-Reflective Coating	\$35		\$45					
Polycarbonate Lenses (Child/Adult)	\$0/\$30		\$30					
High-Index Lenses ²	\$55		\$55					
Progressive Lenses ³ : Standard / Premium	\$50/\$90		\$75 / \$125					
Blended Invisible Bifocals	\$20		\$20					
Photosensitive Lenses: Glass / Plastic	\$20/\$65		\$35 / \$65					
Polarized Lenses	\$75		\$75					
Intermediate Vision Lenses	\$30		\$30					
Contact Lenses								
Contact Lenses in Lieu of Eyeglasses								
Collection Series Contacts	Covered up to 8 boxes	\$75 allowance	Lesser of 8 boxes or \$130	N/A	N/A			
Conventional	\$130 allowance. Member receives 15% discount on charges over \$130.		80% of provider's Usual & Customary Fees	Contact lens allowance of \$130 can be applied towards the contact lens exam as well as contact lens materials.	\$105 maximum reimbursement allowance applies towards contact lens exam as well as contact lens materials.			
Disposable/Planned Replacement			90% of provider's Usual & Customary fees					
Evaluation, Fitting & Follow Up								
Standard Contact Lenses	Included at no cost	\$75 allowance	Evaluation - 85% of provider's Usual & Customary fee Fitting and follow-up fees are member's responsibility.	Contact lens exam (fitting & follow-up) is discounted 15% through a VSP provider; maximum copay of \$60. Contact lens allowance of \$130 can be applied towards contact lens materials.	\$105 maximum reimbursement allowance applies towards contact lens exam as well as contact lens materials.			
Specialty Contact Lenses	\$60 allowance. Member receives 15% discount on charges over \$60.							
Value Added Features								
Laser Vision Discount Network	Up to 25% off provider's Usual & Customary or 5% off advertised specials, whichever is lower.			Average 15% discount with contracted facilities, including TLC. 5% discount on promotional price offered through contracted facilities.	No additional discounts or reimbursements available at a non-contracted facility.			
Replacement Contact Lens Program (Lens 123 [®])		Mail order program - free membership.		N/A	N/A			
				VSP KidsCare Program The VSP KidsCare program provides extra benefits for dependent children (under age 26). The KidsCare program is included in the plan at no additional cost and provides: <ul style="list-style-type: none"> • Two vision exams per year • Impact resistant lenses • Lens replacement annually or more often if needed (per .5 diopter prescription change) • Frames replaced annually with \$25 copay 				

¹Special lens designs, materials, powers, and frames may require additional cost.

²Does not apply to all forms of high-index lenses.

³Does not apply to all forms of progressive lenses.

⁴Members receive full allowance towards everyday low prices at Walmart and Sam's Club. Additional discounts do not apply.

DISCLAIMER: If there are differences in this document and the Group Policy, the Group Policy is the governing document. The comparison chart is only a general outline of benefits. You can find a more detailed description of coverage in the applicable certificate of insurance.