

## Comparison Chart of 2018 Vision Coverage Options

Vision Benefit	EPIC Benefits+ Vision Plan Option <i>Enrollment in Benefits + required; additional cost</i>	Affinity Vision Discount Program	VSP Vision Insurance	
Premiums	Employees / Retirees	Actives & Retirees	Employees / Retirees	
Employee or Retiree Only	\$3.64 / \$3.26	Included with EPIC Benefits+ and Dental WI	\$6.54 / \$6.60	
Employee or Retiree + Spouse	\$6.40 / \$5.86		\$13.08 / \$13.20	
Employee or Retiree + Child(ren)	\$6.40 / \$5.56		\$14.73 / \$13.20	
Family	\$9.44 / \$8.48		\$23.54 / \$15.50	
Vision Benefit	In-Network Benefits	Member Price <sup>1</sup>	In-Network Benefits	Non-Network Benefits
Routine Eye Examination Copay	Not covered	85% of provider's Usual & Customary rate	Covered in full once every calendar year after \$15 copay.	\$45 maximum reimbursement allowance.
Lenses ( <i>Spectacle or Contact</i> ) Copay	Every 12 months - \$25 copay	See below	\$25 copay applies once towards lenses and frames.	Maximum reimbursement allowance: Single Vision - \$33 Bifocal - \$50 Trifocal - \$66 Lenticular - \$80
Benefit Frequency			Every calendar year.	
Lenses	Every 12 months based upon date	No limitation	Every other calendar year.	
Frames	Every 24 months based upon date			Every other calendar year.
Frames				
Davis Vision Collection Frames		Member pays \$40 plus 90% of balance for frames over \$70 retail price.	\$25 copay applies once towards lenses and frames. \$150 allowance towards frames	\$70 maximum reimbursement allowance.
Fashion	\$0			
Designer	\$0			
Premier	\$25			
Non-Collection Frame Allowance	\$130 allowance. Member receives 20% <sup>4</sup> discount on charges over \$130.		20% savings on any amount over the allowance Available every calendar year for dependent children	
Spectacle Lenses				
Single Vision / Lined Bifocal / Lined Trifocal / Lenticular	Plastic lenses included.	\$35 / \$55 / \$65 / \$110	Covered in full after copay.	Maximum reimbursement allowance: Single Vision - \$33 Bifocal - \$50 Trifocal - \$66
Lens Upgrades - Member Pays Discounted Cost				
Polycarbonate Lenses (Child/Adult)	\$0 / \$30	\$30	\$0 for children / 20-25% discount adult	No additional discounts or reimbursements available for optional lens treatments at a Non-Network provider.
Scratch Resistant Coating	\$0	\$20	\$0	
Ultraviolet (UV) Coating	\$12	Not available	Covered in full after copay.	
Scratch Protection Plan: Single Vision / Multifocal	\$20 / \$40	Not available	All other optional lens treatments are available at cost-controlled pricing averaging between 20-25% discount.	
Anti-Reflective Coating: Standard/Premium/Ultra	\$35 / 48 / 60	\$45		
Tinting of Plastic Lenses: Solid Tint / Gradient Tint	\$0	\$10 / \$12		
High-Index Lenses <sup>2</sup>	\$55	\$55	\$55 / \$95-105	
Progressive Lenses <sup>3</sup> : Standard / Premium	\$50 / \$90	\$75 / \$125		
Blended Invisible Bifocals	\$20	\$20	All other optional lens treatments are available at cost-controlled pricing averaging between 20-25% discount.	
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	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 \$150 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	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 \$40. Contact lens allowance of \$150 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.
Routine Retinal Screening	Not applicable		\$39 max copay	Not applicable
Replacement Contact Lens Program (Lens 123 <sup>®</sup> )	Mail order program - free membership.		N/A	N/A
Website	<a href="http://www.epiclife.com/wi-state-employees/">http://www.epiclife.com/wi-state-employees/</a>	<a href="http://www.epiclife.com/affinity-vision-discount-program/">http://www.epiclife.com/affinity-vision-discount-program/</a>	<b>STAR agencies:</b> staractives.vspforme.com <b>UWSA:</b> uwsystem.vspforme.com <b>non-UWSA/non-STAR:</b> stateofwiemployees.vspforme.com	
			<b>VSP KidsCare Program</b> The VSP KidsCare program provides extra benefits for dependent children (under 26). The KidsCare program is included in the plan at no additional cost <ul style="list-style-type: none"> <li>• Two vision exams per year</li> <li>• Impact resistant lenses</li> <li>• Lens replacement annually or more often if needed</li> <li>• Frames replaced annually with \$25 copay</li> </ul>	

<sup>1</sup>Special lens designs, materials, powers, and frames may require additional cost.

<sup>2</sup>Does not apply to all forms of high-index lenses.

<sup>3</sup>Does not apply to all forms of progressive lenses.

<sup>4</sup>Members 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.*