

Summary of Vision Proposals

Company Name	City of Austin - Davis	CLEAT			
Vision Benefits					
Benefits Payable on Calendar Year or Plan Year	Calendar Year	Calendar Year			
Exam Frequency	12 Months	12 Months			
Frame Frequency	12 Months	12 Months			
Lenses Frequency	12 Months	12 Months			
Contact Lenses Frequency	12 Months	12 Months			
Exam Co-Pay	\$10	\$0			
Materials Co-Pay	\$25	\$0			
Does Materials Co-Pay apply to Contact Lenses?	Yes	No			
Frame Allowance	\$125 / \$175 / \$225	\$150			
Single Vision Lenses	Covered in Full	Covered in Full			
Bifocal Lenses	Covered in Full	Covered in Full			
Trifocal Lenses	Covered in Full	Covered in Full			
Lenticular Lenses	Covered in Full	Covered in Full			
Progressive Lenses	\$50 / \$90 Co-Pay	Covered in Full			
Contact Lenses Allowance	\$120	\$160			
Contact Lenses Fit and Follow up benefit	Varies	Maximum cost of \$60			
Adult Polycarbonate		Maximum cost of \$33			
Child Polycarbonate	Covered in Full	Covered in Full			
Scratch Coating	Covered in Full	Maximum cost of \$17 - \$33			
UV Coating	\$12	Maximum cost of \$16			
Anti Reflective Coating	\$35 / \$48 / \$60	Maximum cost of \$31			
LASIK Benefits Included other than Discount?	No	Yes			
LASIK Benefits	N / A	\$175 Year 1 and 2 / \$700 Year 3+			
LASIK in lieu of Materials?	N / A	No			
Out of Pocket Cost at Time of Purchase					
Progressive Lens - Varilux Ipseo	\$90	\$0			
Progressive Lens - Varilux Physio 360	\$90	\$0			
Progressive Lens - Kodak Precise	\$90	\$0			
Monthly Rates					
Employee Only	\$4.48	\$15.80			
Employee + Spouse	\$8.88	\$24.08			
Employee + Children	\$8.72	\$20.21			
Employee + Family	\$13.28	\$32.41			