2017 OSCA plan

EPIC LIFE INSURANCE

Value Plan

Davis Vision Network

Plan #REF!	In-Network Benefits	Out-of-Network Benefits
Eye Examination	Every 12 months #REF!	Same as in-network $30 allowance
Frames (Frequency)	#REF!	Same as in-network
Collection Copay		
Fashion | Designer | Premier	$0 | $20 | $40	$30 allowance
Non-Collection1	$100 allowance, plus 20% discount over allowance	
Spectacle Lenses	Every 12 months, $25 copay	Copay not applicable
Single | Bifocal | Trifocal | Lenticular	Plastic lenses included	$25 | $35 | $45 | $60 allowance
Lens Upgrades (Davis Vision)		
Glass or Oversize	Included	
Tinting Plastic Lens (Fashion | Gradient)	$15 copay	
Scratch-Resistant Coating	Included	
Polycarbonate Lenses (children2 & special2 | other)	$0 copay | $35 copay	
Ultraviolet Coating	$15 copay	
Anit-Reflective Coating (Standard | Premium | Ultra)	$40 copay | $55 copay | $69 copay	Not covered
Progressive Lenses (Standard | Premium)3	$65 copay | $105 copay	
Intermediate Vision Lenses	$30 copay	
Blended Lenses (invisible)	$20 copay	
High Index Lenses4	$60 copay	
Polarized Lenses	$75 copay	
Photochromic Glass Lenses	$20 copay	
Photosensitive Plastic Lenses (Transitions®5)	$70 copay	
Scratch Protection Plan (Single | Multifocal)	$20 copay | $40 copay	Not available
Contact Lenses (In Lieu of Eyeglasses)	Every 12 months, $25 copay	Copay not applicable
Elective		
Standard Evaluation, Fitting & Follow-up	Included	
Specialty Evaluation, Fitting & Follow-up1	$60 allowance, plus 15% discount over allowance	$75 allowance
Materials1	$100 allowance, plus 15% discount over allowance	
Medically Necessary with Prior Approval	Materials, evaluation, fitting and follow-up included	$225 allowance
Laser Vision Correction (In lieu of normal materials benefit for 3 years following surgery)	Not available	
Value Added Features		
Laser Vision Discount Network	Up to 25% off provider's Usual & Customary charges or 5% off advertised specials, whichever is lower	
Low Vision Benefit	$300 allowance for 1 comprehensive evaluation every 5 years $100 allowance each for 4 follow-up visits in any 5-year period $600 low vision aid allowance with $1,200 lifetime maximum	
Replacement Contact Lens Program (Lens 123!®)	Mail order program - free membership	

Contribution Level	State	Multi-Line Discount
0% employer contribution	Ohio	n/a

	Employee	EE+Spouse	EE+Child(ren)	Family
Rates	$7.39	$13.33	$14.07	$22.20

***** Two Year Rate Guarantee**

Voluntary Participation Requirements - 2 minimum for groups with 2-49 lives, greater of 10 lives or 20% for groups with 50-99 lives.
Multi-line Discount - is included when two or more products, either EPIC or WPS, are sold with the same effective date.

NOTE: If only one coverage is sold, the above rates do not apply.

1Members receive full allowance towards everyday low prices at Walmart and Sam's Club. Additional discounts do not apply.

2For dependent children, monocular patients, and patients with prescriptions of 6.00 diopters or greater.

3Does not apply to all forms of progressive lenses.

4Does not apply to all forms of high index lenses.

5Transitions® is a registered trademark of Transitions Optical Inc.

The assumptions listed on the last page of the proposal were used to derive the rates.

Signature: _____ **Date:** _____

to accept coverage