

Contact Lens Scenarios - Employee Cost

Services/Materials	Retail Cost	UMR (Prior Vendor)	UHC Vision (New Vendor)	
			Base Plan	Premium Plan
Eye Examination Dilation Total	\$75.00 \$24.00 \$99.00	\$0 Out-of-Pocket (\$140 reimbursement allowance)	\$10 \$0	\$0 \$0
Contacts Standard Fit & Follow Up Total	\$300.00 \$60.00 \$360.00	\$185 Out-of-Pocket (\$360 - \$175 allowance - \$185)	\$185 Out-Of-Pocket (\$300 - \$140 allowance + \$25 copay) \$0 (included in material copay)	\$185 Out-Of-Pocket (\$300 - \$180 allowance + \$25 copay) \$0 (included in material copay)
Total	\$459.00	\$185.00	\$195.00	\$145.00
Annual Premiums				
Employee Only Employee+Spouse Employee+Child(ren) Family		Included in Medical Plan premium	<u>Base Plan (Annual Premium)</u> EE Only: \$26 EE+Spouse: \$52 EE+Child(ren): \$65 Family: \$91	<u>Premium Plan (Annual Premium)</u> EE Only: \$39 EE+Spouse: \$78 EE+Child(ren): \$91 Family: \$130
Annual Out-of-Pocket				
Employee Only Employee+Spouse Employee+Child(ren) Family		\$185.00	<u>Base Plan (Out-Of-Pocket)</u> EE Only: \$221 EE+Spouse: \$247 EE+Child(ren): \$260 Family: \$286	<u>Premium Plan (Out-of-Pocket)</u> EE Only: \$184 EE+Spouse: \$223 EE+Child(ren): \$236 Family: \$275

Single Vision Lens Scenarios - Employee Cost

Services/Materials	Retail Cost	UMR (Prior Vendor)	UHC Vision (New Vendor)	
			Base Plan	Premium Plan
Eye Examination Dilation Total	\$75.00 \$24.00 \$99.00	\$0 Out-of-Pocket (\$140 reimbursement allowance)	\$10 \$0	\$0 \$0
Frames Single Vision Lenses Total	\$150.00 \$90.00 \$240.00	\$65 Out-of-Pocket (\$240 - \$175 allowance = \$65)	\$32 Out-Of-Pocket (\$150 - \$140 allowance = \$10 balance * 30% discount = \$7 + \$25 material copay)	\$25 Out-Of-Pocket (\$150 - \$180 allowance + \$25 material copay)
Total	\$339.00	\$65.00	\$42.00	\$25.00
Annual Premiums				
Employee Only Employee+Spouse Employee+Child(ren) Family		Included in Medical Plan premium	<u>Base Plan (Annual Premium)</u> EE Only: \$26 EE+Spouse: \$52 EE+Child(ren): \$65 Family: \$91	<u>Premium Plan (Annual Premium)</u> EE Only: \$39 EE+Spouse: \$78 EE+Child(ren): \$91 Family: \$130
Annual Out-of-Pocket				
Employee Only Employee+Spouse Employee+Child(ren) Family		\$65.00	<u>Base Plan (Out-Of-Pocket)</u> EE Only: \$68 EE+Spouse: \$94 EE+Child(ren): \$107 Family: \$133	<u>Premium Plan (Out-of-Pocket)</u> EE Only: \$64 EE+Spouse: \$103 EE+Child(ren): \$116 Family: \$155