

VISION PLAN COMPARISON		
IN-NETWORK	VSP Vision Care <small>(www.vsp.com)</small>	EyeMed <small>(www.eyemed.com)</small>
	POINT OF SERVICE	POINT OF SERVICE
Eye Exam <small>(Every 12 months)</small>	\$10	\$10
Frames <small>(Every 24 months)</small>	\$120 allowance 20% discount off balance after \$120	\$120 allowance 20% discount off balance after \$120
Lenses <small>(Every 12 months)</small>	\$25	\$10
Contacts <small>(In lieu of glasses)</small>	\$120 allowance 20% discount off balance after \$120	\$135 allowance 15% discount off balance after \$135
NON-NETWORK	VSP Vision Care	EyeMed
	REIMBURSEMENT	REIMBURSEMENT
Eye Exam <small>(Every 12 months)</small>	Up to \$45	Up to \$35
Frames <small>(Every 24 months)</small>	Up to \$70	Up to \$48
Lenses <small>(Every 12 months)</small>	Up to \$30, \$50, \$65, \$100	Up to \$25, \$40, \$60
Contacts <small>(In lieu of glasses)</small>	Up to \$105	Up to \$95
EMPLOYEE MONTHLY RATE	VSP Vision Care	
Employee Only	\$6.75	
Employee + Spouse	\$11.36	
Employee + Child(ren)	\$11.60	
Family	\$18.70	
EMPLOYEE MONTHLY RATE	EyeMed	
Employee Only	\$8.36	
Employee + One	\$15.86	
Family	\$23.32	

Note: This is only a summary. Detailed plan descriptions can be obtained online at www.jcu.edu/hr or from the JCU Human Resources Department