Attachment B - Comparison of Finalists' Premium Costs and Schedule of Benefits

	Enrollment	Current Davis		
	Count	Vision	Avēsis	NVA
Employee	278	\$4.62	\$4.72	\$4.87
Employee & Spouse	140	\$8.34	\$8.52	\$8.79
Employee & Child(ren)	120	\$8.80	\$8.99	\$9.27
Family	339	\$13.08	\$13.37	\$13.78
Monthly	877	\$7,942.08	\$8,116.19	\$8,368.28
Annual Cost		\$95,304.96	\$97,394.28	\$100,419.36
ANNUAL PREMIUM CHANGE		Current	\$2,089.32	\$5,114.40
RATE CHANGE		Current	2.2%	5.4%
RATE GUARANTEE			5 years	4 years
Eye Exam Copay		\$10	\$10	\$10
Materials Copay		\$15	\$25	\$25
Lenses(Clear Standard, glass w plastic coat)		Covered 100% after	Covered 100% after	Covered 100% after Copay
		Сорау	Copay	
Lenses(Non Standard Options)				
UV Coating		\$12	\$15	\$12
Polycarbonate		Adult: \$30	Adult: \$40/\$44	Adult: \$30/\$40
		Child: \$0	Child: \$0	Child: \$0
Anti-Reflective		\$35	\$45	\$40
Photochromic Lenses		Not Available	\$70/\$80	\$65/\$70
Frame Allowance		\$130 Allowance	\$130 Allowance	\$130 Allowance
Contact Lenses				
Conventional		\$130 Allowance	\$130 Allowance	\$130 Allowance
Disposables		\$130 Allowance	\$130 Allowance	\$130 Allowance
Medically Necessary		Covered in Full	Covered in Full	Covered in Full
Frequency(Exam/Frame/Lenses)		12/12/12	12/12/12	12/12/12