

Comparison of EyeMed vs. Delta Dental Discount Eyeglass Sample Transactions

**State of Iowa Funded EyeMed Plan
Standard Prog Transaction**

	Retail Cost	Member Benefit	Additional Plan Discount	Member Copay/Fixed Cost	Member Pay over allowance	Total Member Pay
<i>Associate</i>						
Frames**	\$145.00	\$130.00	\$3.00	\$0.00	\$12.00	\$12.00
Standard Progressive***	\$198.00	\$198.00	\$0.00	\$25.00	\$0.00	\$25.00
Standard Polycarbonate***	\$62.00	\$0.00	\$22.00	\$40.00	\$0.00	\$40.00
Sub - Total	\$405.00	\$328.00	\$25.00	\$65.00	\$12.00	\$77.00
Annual Premium at \$9.11 per month - ee only						\$109.32
Total Member Pay						\$77.00
Total out of pocket including premium						\$186.32
Savings						\$218.68

**State of Iowa EyeMed Discount via
Delta Dental Standard
Prog Transaction**

	Retail Cost	Member Benefit*	Additional Plan Discount	Member Copay/Fixed Cost	Member Pay over allowance	Total Member Pay
	\$145.00	\$0.00	\$43.50	\$0.00	\$0.00	\$101.50
	\$198.00	\$0.00	\$33.00	\$165.00	\$0.00	\$165.00
	\$62.00	\$0.00	\$22.00	\$40.00	\$0.00	\$40.00
Sub - Total	\$405.00	\$0.00	\$98.50	\$205.00	\$0.00	\$306.50
Annual Premium at \$0 per month-ee only						\$0.00
Total Member Pay						\$306.50
Total out of pocket including premium						\$306.50
Savings						\$98.50

**State of Iowa Funded EyeMed Plan
Single Vision Lens Transaction**

	Retail Cost	Member Benefit	Additional Plan Discount	Member Copay/Fixed Cost	Member Pay over allowance	Total Member Pay
<i>Associate</i>						
Frames**	\$145.00	\$130.00	\$3.00	\$0.00	\$12.00	\$12.00
Single Vision	\$90.00	\$65.00	\$0.00	\$25.00	\$0.00	\$25.00
Standard Polycarbonate***	\$62.00	\$0.00	\$22.00	\$40.00	\$0.00	\$40.00
Anti Reflective***	\$68.00	\$0.00	\$23.00	\$45.00	\$0.00	\$45.00
Sub - Total	\$365.00	\$195.00	\$48.00	\$110.00	\$12.00	\$122.00
Annual Premium at \$9.11 per month - ee only						\$109.32
Total Member Pay						\$122.00
Total out of pocket including premium						\$231.32
Savings						\$133.68

**State of Iowa EyeMed Discount via
Delta Dental Single
Vision Lens Transaction**

	Retail Cost	Member Benefit*	Additional Plan Discount	Member Copay/Fixed Cost	Member Pay over allowance	Total Member Pay
	\$145.00	\$0.00	\$43.50	\$0.00	\$0.00	\$101.50
	\$90.00	\$0.00	\$15.00	\$75.00	\$0.00	\$75.00
	\$62.00	\$0.00	\$22.00	\$40.00	\$0.00	\$40.00
	\$68.00	\$0.00	\$23.00	\$45.00	\$0.00	\$45.00
Sub - Total	\$365.00	\$0.00	\$103.50	\$160.00	\$0.00	\$261.50
Annual Premium at \$0 per month-ee only						\$0.00
Total Member Pay						\$261.50
Total out of pocket including premium						\$261.50
Savings						\$103.50