

ALWAYS VISION PLAN

Always Vision pays for certain vision care expenses that you and your family may have.

AM I ELIGIBLE FOR COVERAGE?

You are eligible for coverage if you are an LSU employee appointed 75 percent effort or greater for one semester, or 181 days. Your dependents are also eligible for coverage. Premiums are eligible for tax sheltering under the University’s *Tax-Saver Flexible Benefits Plan*.

WHO PAYS FOR THIS COVERAGE?

If you choose to participate, you will pay 100 percent of the premium through payroll deduction. This premium is eligible for tax sheltering under the University’s *Tax-Saver Flexible Benefits Plan*. Your monthly rate will vary, depending on the number of dependents insured. Nine- and 10-month employees pay a full 12 months of premiums during their 9- or 10-month appointments. The cost of coverage and benefits under the plan are as follows:

Vision Care Services	Wal-Mart Vision Centers	NVA Providers 1-888-729-5433 or 926-2888 www.alwaysvision.com	Out-of-Network Allowance
Exam	\$10 Co-pay	\$10 Co-pay	Up to \$30
Materials	\$0 Co-pay	\$15 Co-pay	See below
Standard Plastic Lenses: Single Vision Bifocal Trifocal Lenticular Progressive	Covered Covered Covered \$80 allowance \$50 allowance	Covered by Co-pay Covered by Co-pay Covered by Co-pay \$80 allowance \$50 allowance	Up to \$25 Up to \$40 Up to \$50 Up to \$50 Up to \$40
Lens Options: Scratch resistant coating Polycarbonate Lenses for children	Covered Covered	N/A N/A	N/A N/A
Frames: Members choose from any frame available at provider locations. Plus Plan Allowance	No co-pay Up to \$68 retail allowance. \$68 covers 2/3 of frames available at Wal-Mart. \$68 retail	Up to \$50 wholesale allowance. Covers a wide selection of frames that vary by retailer. \$50 wholesale	Up to \$40 retail Up to \$40 retail
Contact Lenses: (Includes fit, follow-up and materials) Elective Plus Plan Allowance Medically Necessary	No Co-pay Up to \$130 retail Up to \$210 retail	After Co-pay Up to \$130 retail Up to \$210 retail	Up to \$130 retail Up to \$210 retail
Laser Vision Correction	20% discount on Lasik or PRK for retail prices with participating surgery providers		

Type of Service	Frequency	Type of Coverage	Monthly Premiums
Examinations	Once every 12 months	Employee Only	\$8.29
Spectacle Lenses	Once every 12 months	Employee + Spouse	\$13.96
Frames	Once every 12 months	Employee + Children	\$14.26
Contact Lenses	Once every 12 months	Family	\$22.98

WHAT IF I DO NOT ENROLL WHEN FIRST ELIGIBLE?

If you do not enroll when first eligible, you may enroll during the April annual enrollment period, with coverage to be effective July 1.

WHOM DO I CONTACT FOR FURTHER INFORMATION?

Contact the Benefits Service Center, (225) 578-8200, or Always Vision at 1-800-828-9341.