

## Vision Plan

Plan	Description		
<p><b>EyeMed Select Vision Care Plan</b></p> <p><a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a></p> <p>866 299 1358</p> <p><b>Plan Administrator</b> EyeMed Vision Care</p> <p><b>Eligibility</b> All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents.</p> <p><b>Waiting Period</b> When you are hired or newly eligible, your benefits will begin the Saturday following your enrollment within 45 days of becoming eligible.</p>		In-Network Benefit	Out-of-Network Reimbursement
	Eye Exams <ul style="list-style-type: none"> <li>• Eyeglasses</li> <li>• Contact Lens Exam</li> <li>• Contacts Fit and Follow-up Visits (Standard)</li> <li>• Contacts Fit and Follow-up Visits (Premium)</li> </ul>	\$15 copay \$15 copay, then covered in full \$10 copay, includes 2 follow-up visits \$10 copay, 10% off retail, \$30 allowance	Up to \$32 Up to \$32 Up to \$32 Up to \$32
	Frames	\$130 allowance, then 20% off balance over \$130	Up to \$58
	Lenses (standard uncoated plastic), Single, Bifocal, Trifocal, Lenticular  Progressive (standard)	covered in full  \$65 copay	Up to \$28 – Single vision Up to \$44 – Bifocal Up to \$72 – Trifocal Up to \$72 – Lenticular Up to \$44 – Progressive
	Contact Lenses <ul style="list-style-type: none"> <li>• Conventional</li> <li>• Disposable</li> </ul>	\$130 allowance, then 15% off balance over \$130  \$130 allowance	Up to \$104  Up to \$104
	Contact Lenses – medically necessary	covered in full	Up to \$200
	Retinal Imaging	Member cannot be charged more than \$39 by provider for this service. Retinal Imaging is a non-invasive tool, enabling providers to identify potential signs of many eye diseases, including glaucoma, diabetic retinopathy and age-related macular degeneration	Not Covered
	Other	Laser Vision Correction Program, Mail Order Contact Lens Replacement Program, EyeMed Vision Care Discount Program	

## Vision Discount Program

Plan	Description	
<p><b>EyeMed Vision Care Discount Program</b></p> <p><a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a></p> <p>866 723 0391</p> <p>(Plan #9238221)</p> <p>Free Discount Program—no enrollment</p> <p><b>Eligibility</b> All employees and their family members are automatically enrolled at no cost.</p> <p><b>Waiting Period</b> None</p>	Eye Exams <ul style="list-style-type: none"> <li>Glasses</li> <li>Contact Lenses</li> </ul>	\$5 off routine exam \$10 off contact lens exam
	Frames (retail price)	40% off retail
	Lenses (standard uncoated plastic) <ul style="list-style-type: none"> <li>Single Vision</li> <li>Bifocal</li> <li>Trifocal</li> </ul>	\$50 \$70 \$105
	Lens Options (add to lens price) <ul style="list-style-type: none"> <li>Polycarbonate (includes scratch coating)</li> <li>Scratch Resistant Coating</li> <li>Ultra-Violet Coating</li> <li>Anti-Reflective Coating</li> <li>Progressive (add-on to Bifocal)</li> <li>Tint (solid or gradient)</li> </ul>	\$40 \$15 \$15 \$45 \$65 \$15
	Contact Lenses	15% discount on non-disposable contacts; no discount on disposable contacts
	Other	Laser Vision Correction Program, Mail Order Contact Lens Replacement Program, 20% discount on add-ons and accessories