Vision Coverage

The Vision Plan offers a vision-care network that includes major vision care providers, such as LensCrafters, most Pearle Vision sites, Target Optical, America's Best and a network of private practitioners. The plan covers the cost of eye exams, lenses, and frames. Using an in-network provider allows you to receive care at no cost or minimal out-of-pocket expense. The plan includes an out-of-network benefit that allows you to use any eye care professional. If you see an out-of-network provider, you will be reimbursed 50% of retail cost up to the $300 annual maximum per covered person per plan year.

For more information, or to find a provider, contact EyeMed at 1-866-723-0514 or visit the EyeMed website at **www.eyemed.com**. Click the drop-down menu under "Find a Provider," choose "Select," enter your zip code, and click the "Submit" button.

In addition to vision benefits, the Vision Plan also provides access to affordable hearing care discounts through Amplifon, the nation's largest independent hearing discount network. For more information, call 1-877-203-0675.

Vision Monthly Payroll Deductions	
Single	$6.94
Family	$19.43

Vision Care Services – EyeMed "Select" Network		
Service	**In-Network Member Cost**	**Out-of-Network**
Exam (with Dilation as Necessary)	$0 Copay	50% up to $300 Allowance
Exam Options		
Standard Contact Lens Fit and Follow-Up	Up to $40	
Premium Contact Lens Fit and Follow-Up	10% off Retail Price	
Frames *(Any available frame at provider location)*	$0 Copay; $130 Allowance, 20% off Balance over $130	
Standard Plastic Lenses		
Single Vision / Bifocal / Trifocal / Lenticular	$0 Copay	
Standard Progressive	$65	
Premium Progressive	$65, 80% of Charge less $120 Allowance	
Lens Options		
UV Coating	$0	
Tint (Solid and Gradient)	$0	
Standard Scratch-Resistance	$0	
Standard Polycarbonate	$40 *(under 19 years old there is no charge)*	
Standard Anti-Reflective Coating	$45	
Other Add-Ons and Services	20% off Retail Price	
Contact Lenses *(Contact lens allowance includes materials only)*		
Conventional	$0 Copay; $130 Allowance, 15% off Balance over $130	
Disposable	$0 Copay; $130 Allowance, plus Balance over $130	
Medically Necessary	$0 Copay, Paid-in-Full	
Frequency		
Examination	Once every Calendar Year	
Frame	Once every Calendar Year	
Lenses or Contact Lenses	Once every Calendar Year	