



## Vision Benefit Information

**Plan coverage resets every January:** You may use your plan at *any time* throughout the year!

**Split Benefit Option:** You may get your eye exam and glasses (or contacts) at two separate visits to your participating provider *or* using two separate participating providers!

- Annual exam **AND** 1 pair of glasses *or* start up supply of contacts every year
- Over 200 frames in current collection to choose from
- Participating vision providers accept plan as full payment when staying within designated plan
- Fixed co-pays for added coatings and/or lens upgrades

## Vision Benefit Rates – Payroll Deduction

### Employee

7/1/22-6/30/23	\$10.20 month	\$122.40 annual
7/1/23-6/30/24	\$10.20 month	\$122.40 annual
7/1/24-6/30/25	\$10.20 month	\$122.40 annual

### Employee & Dependent

7/1/22-6/30/23	\$20.40 month	\$244.80 annual
7/1/23-6/30/24	\$20.40 month	\$244.80 annual
7/1/24-6/30/25	\$20.40 month	\$244.80 annual

### Employee & Family

7/1/22-6/30/23	\$31.62 month	\$379.44 annual
7/1/23-6/30/24	\$31.62 month	\$379.44 annual
7/1/24-6/30/25	\$31.62 month	\$379.44 annual