

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) Retinal Imaging	\$0 Copay Up to \$39	50% up to \$300 Allowance
Exam Options Standard Contact Lens Fit and Follow-Up Premium Contact Lens Fit and Follow-Up	Up to \$40 10% off Retail Price	
Frames (Any available frame at provider location)	\$0 Copay; \$150 Allowance, 20% off Balance over \$150	
Standard Plastic Lenses Single Vision / Bifocal / Trifocal / Lenticular Standard Progressive Premium Progressive	\$0 Copay \$65 \$65, 80% of Charge less \$120 Allowance	
Lens Options UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance Standard Polycarbonate Standard Anti-Reflective Coating Other Add-Ons and Services	\$0 \$0 \$0 \$40 (under 19 years old there is no charge) \$45 20% off Retail Price	
Contact Lenses (Contact lens allowance includes materials only) Conventional Disposable Medically Necessary	\$0 Copay; \$150 Allowance, 15% off Balance over \$150 \$0 Copay; \$150 Allowance, plus Balance over \$150 \$0 Copay, Paid-in-Full	
Frequency Examination Frame Lenses or Contact Lenses	Once every Calendar Year Once every Calendar Year Once every Calendar Year	

Did you know? Plan benefits can be used for Ray-Ban Meta AI-enabled smart glasses and Nuance Audio which is a hearing and vision solution combined in a single device.