Vision

We offer two plan options through EyeMed Vision Care: a base vision plan and a buy-up vision PLUS plan.

Both plans offer an annual eye exam, frames and contact allowances and coverage for lenses.

- The **vision** plan will offer basic coverage with lower premiums and higher out-of-pocket costs when care or purchasing frames or lenses.
- The **vision PLUS** plan will offer more coverage, with higher premiums and lower out-of-pocket costs when seeking care or purchasing frames and lenses.

Locate an EyeMed Vision Care Provider

To locate a provider near you, visit **www.eyemed.com** and choose the Insight Network, or call 866-800-5457.

EyeMed's network of providers includes private practitioners, as well as the premier retailers LensCrafters, America's Best and most Pearle Vision locations.

| Premiums | Annual Cost | Your cost per pay period |
|------------------------|----------------|--------------------------------|
| Caregiver Only | \$69.12 | \$2.88 |
| Caregiver + Spouse/LDA | \$127.68 | \$5.32 |
| Caregiver + Child(ren) | \$113.76 | \$4.74 |
| Caregiver + Family | \$179.52 | \$7.48 |
| CaregiverOnly | \$132.00 | \$5.50 |
| Caregiver + Spouse/LDA | \$243.96 | \$10.17 |
| Caregiver + Child(ren) | \$217.32 | \$9.06 |
| Caregiver + Family | \$342.84 | \$14.29 |

| | Vision - (base plan) | Vision PLUS - (buy-up plan) |
|--|---|---|
| Network | Insight | Insight |
| Benefit Frequency | Exam/Lenses/Frame 12 months/12 months/24 months | Exam/Lenses/Frame 12 months/12 months/12 months |
| Healthy Eyes | No | Yes - includes additional services and frequency for diabetics and exam benefits twice per year for kids <19 |
| Exam with dilation | \$10 copay | \$0 |
| Retinal Imaging | Up to \$39 | \$15 copay |
| Frames | Up to a \$130 allowance, plus 20% discount on amounts over \$130 | Up to a \$175 allowance, plus 20% discount on amounts over \$175 |
| Lenses Single Vision, Bifocal, Trifocal Standard Progressive Premium Progressive (tiers 1-4) UV Treatment Tint Standard scratch coating Polycarbonate Standard Anti-reflective coating Premium Anti-reflective coating (tiers 1-3) | \$10 copay \$75 \$95/\$105/\$120/\$175 \$15 \$15 \$15 \$0 kids/\$40 adults \$5 \$57/\$68/20% off retail | \$0 copay \$65 \$85/\$95/\$110/\$200 \$0 \$0 \$0 \$0 \$0 kids/\$0 adults \$45 \$57/\$68/\$85 |
| Contacts (in lieu of lenses) | Up to a \$130 allowance, plus 15% discount on amounts over \$130 | Up to a \$175 allowance, plus 15% discount on amounts over \$175 |