Vision Insurance

Eye doctors detect problems in vision, overall eye health, and detect signs of other health conditions like diabetic eye disease, high blood pressure and high cholesterol. The Company will continue to offer vision insurance through EyeMed utilizing their Insight Network. To search for an in-network provider, go to www.eyemed.com. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	EyeMed Vision Plan
BENEFIT COVERAGE	In-Network Benefits
ANNUAL EYE EXAM	
Routine Exam	$0 copay at PLUS Providers; $10 copay at other in-network providers
LENSES	
Single Vision	$25 copay
Bifocal	$25 copay
Trifocal	$25 copay
Lenticular	$25 copay
FRAMES	
Retail	– $150 allowance, 20% off balance over allowance – *Enhanced PLUS Provider frame benefit: $200 allowance, 20% off balance over allowance*
CONTACT LENSES	
Elective	$150 allowance
FREQUENCY	
Routine Exam	Once every plan year
Lenses	Once every plan year
Frames	Once every other plan year
Contact Lenses	Once every plan year

**Plan allows members to receive either contact lenses or eyeglass lenses and frames during the applicable benefit period, not both.

EMPLOYEE BIWEEKLY CONTRIBUTIONS (26)	
Vision Plan	
Employee	$2.20
Employee & Spouse	$4.43
Employee & Child(ren)	$4.21
Employee & Family	$6.51