# 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<br>– *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 WEEKLY CONTRIBUTIONS (52) | |
|---|---|
| **Vision Plan** | |
| Employee | $1.15 |
| Employee & Spouse | $2.18 |
| Employee & Child(ren) | $2.30 |
| Employee & Family | $3.38 |