

VISION: FULL-TIME TEAM MEMBERS

| | | HIGH VISION PLAN | | LOW VISION PLAN | |
|---|-------------------------|---|------------------------------|---|------------------------------|
| | | IN-NETWORK | OUT-OF-NETWORK REIMBURSEMENT | IN-NETWORK | OUT-OF-NETWORK REIMBURSEMENT |
| COST | | | | | |
| Exam | Plus provider | \$0 copay | Up to \$50 | \$0 copay | Up to \$50 |
| | Non-plus provider | \$20 copay | | \$10 copay | |
| COVERED SERVICES – LENSES AND FRAMES | | | | | |
| Single Vision | | \$20 copay | Up to \$50 | \$20 copay | Up to \$50 |
| Bifocal | | \$20 copay | Up to \$70 | \$20 copay | Up to \$70 |
| Trifocal | | \$20 copay | Up to \$90 | \$20 copay | Up to \$90 |
| Standard Progressives | | \$85 copay | Up to \$70 | \$85 copay | Up to \$70 |
| Frames | Plus provider | \$0 copay; 20% off balance over \$230 allowance | Up to \$126 | \$0 copay; 20% off balance over \$180 allowance | Up to \$65 |
| | Non-plus provider | | | Up to \$130 | |
| CONTACT LENSES | | | | | |
| Elective/Necessary | | Up to \$180 | Up to \$180 | Up to \$130 | Up to \$104 |
| OTHER SERVICES | | | | | |
| Radial Keratotomy/ Photoreactive Keratectomy/Lasik | | Participant discount | N/A | Participant discount | N/A |
| BENEFIT FREQUENCY | | | | | |
| Exams | Once per calendar year | N/A | N/A | Once per calendar year | N/A |
| Lenses | Twice per calendar year | | | Once per calendar year | |
| Contact Lenses | Once per calendar year | | | Once per calendar year | |
| Frames | Twice per calendar year | | | Every other calendar year | |

| COVERAGE OPTIONS | BIWEEKLY PAYCHECK COST |
|---|------------------------|
| VISION – LOW OPTION | |
| Team Member Only | \$2.83 |
| Team Member + Spouse/Domestic Partner* | \$4.06 |
| Team Member + Children | \$4.20 |
| Team Member + Family | \$6.77 |
| VISION – HIGH OPTION | |
| Team Member Only | \$5.57 |
| Team Member + Spouse/Domestic Partner* | \$8.00 |
| Team Member + Children | \$8.27 |
| Team Member + Family | \$13.34 |