

Vision Benefits Quick Overview



Your plan choices	Base Plan	Buy-Up Plan
Frequency		
Exam	Every 12 months	
Lenses	Every 12 months	
Contacts	Every 12 months	
Frames	Every 24 months	
Copay		
Exam	\$10 Copay	\$10 Copay
Materials	\$25 Copay	\$25 Copay
Benefit		
Frames	\$130 Allowance + 20%	\$200 Allowance + 20%
Contacts	\$130 Allowance	\$180 Allowance
• Elective		
• Medically necessary		
Single vision lenses	100%	100%
Lined bifocals	100%	100%
Lined trifocals	100%	100%

What it will cost you per paycheck	Base Plan	Buy-Up Plan
Teammate	\$3.57	\$5.43
Teammate + spouse	\$5.72	\$8.70
Teammate + child(ren)	\$5.84	\$8.88
Family	\$9.41	\$14.31
*Teammates who cover Domestic Partners will be required to complete a Domestic Partner affidavit and may be subject to income tax withholding and employment taxes (also known as imputed income).		