

## Vision Benefits Quick Overview



Your plan choices	Base Plan	Buy-Up Plan
<b>Frequency</b>		
Exam		Every 12 months
Lenses		Every 12 months
Contacts		Every 12 months
Frames		Every 24 months
<b>Copay</b>		
Exam	\$10 Copay	\$10 Copay
Materials	\$25 Copay	\$25 Copay
Contacts	\$60	\$60
<b>Benefit</b>		
Frames	\$130 Allowance + 20%	\$200 Allowance + 20%
Contacts	\$130 Allowance	\$200 Allowance
<ul style="list-style-type: none"> <li>• Elective</li> <li>• Medically necessary</li> </ul>		
Single vision lenses	100%	100%
Lined bifocals	100%	100%
Lined trifocals	100%	100%
Enhancements and Supplemental Benefits	<ul style="list-style-type: none"> <li>• Polycarbonate for Kids: Covered in Full</li> <li>• Standard Progressive: Covered in Full</li> <li>• Scratch Resistant: Covered in Full</li> </ul>	<ul style="list-style-type: none"> <li>• Anti-Reflective: Covered in Full</li> <li>• Polycarbonate for Kids: Covered in Full</li> <li>• Standard Progressive: Covered in Full</li> <li>• Scratch Resistant: Covered in Full</li> </ul>

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
<p>*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).</p>		