



Vision Plan

Plan	Description		
<p>EyeMed Select Vision Care Plan</p> <p>www.eyemedvisioncare.com</p> <p>866 299 1358</p> <p>Plan Administrator EyeMed Vision Care</p> <p>Eligibility Non-temporary, full-time frontline employees (class code 6) & eligible dependents</p> <p>Waiting Period Your benefits begin the first of the month following 90 days after you are hired. If you are newly eligible, your benefits can be effective on the Saturday following your enrollment if you have satisfied your initial waiting period and enroll within 45 days of becoming eligible.</p>		In-Network Benefit	Out-of-Network Reimbursement
	Eye Exams	\$15 copay	Up to \$32
	<ul style="list-style-type: none"> • Eyeglasses • Contact Lens Exam • Contacts Fit and Follow-up Visits (Standard) • Contacts Fit and Follow-up Visits (Premium) 	\$15 copay, then covered in full	Up to \$32
		\$10 copay, includes 2 follow-up visits	Up to \$32
		\$10 copay, 10% off retail, \$30 allowance	
	Frames	\$130 allowance, then 20% off balance over \$130	Up to \$58
	Lenses (standard uncoated plastic), Single, Bifocal, Trifocal, Lenticular	covered in full	Up to \$28 – Single vision Up to \$44 – Bifocal Up to \$72 – Trifocal Up to \$72 – Lenticular Up to \$44 – Progressive
	Progressive (standard)	\$65 copay	
	Contact Lenses		
<ul style="list-style-type: none"> • Conventional 	\$130 allowance, then 15% off balance over \$130	Up to \$104	
Disposable	\$130 allowance	Up to \$104	
Contact Lenses – medically necessary	covered in full	Up to \$200	
Retinal Imaging	Member cannot be charged more than \$39 by provider for this service. Retinal Imaging is a non-invasive tool, enabling providers to identify potential signs of many eye diseases, including glaucoma, diabetic retinopathy and age-related macular degeneration	Not Covered	
Other	Laser Vision Correction Program, Mail Order Contact Lens Replacement Program, EyeMed Vision Care Discount Program		



Vision Discount Program

Plan	Description	
<p>EyeMed Vision Care Discount Program</p> <p>www.eyemedvisioncare.com</p> <p>866 723 0391</p> <p>(Plan #9238221)</p> <p>Free Discount Program—no enrollment</p> <p>Eligibility All employees and their family members are automatically enrolled at no cost.</p> <p>Waiting Period None</p>	<p>Eye Exams</p> <ul style="list-style-type: none"> Glasses Contact Lenses 	<p>\$5 off routine exam \$10 off contact lens exam</p>
	<p>Frames (retail price)</p>	<p>40% off retail</p>
	<p>Lenses (standard uncoated plastic)</p> <ul style="list-style-type: none"> Single Vision Bifocal Trifocal 	<p>\$50 \$70 \$105</p>
	<p>Lens Options (add to lens price)</p> <ul style="list-style-type: none"> Polycarbonate (includes scratch coating) Scratch Resistant Coating Ultra-Violet Coating Anti-Reflective Coating Progressive (add-on to Bifocal) Tint (solid or gradient) 	<p>\$40 \$15 \$15 \$45 \$65 \$15</p>
	<p>Contact Lenses</p>	<p>15% discount on non-disposable contacts; no discount on disposable contacts</p>
	<p>Other</p>	<p>Laser Vision Correction Program, Mail Order Contact Lens Replacement Program, 20% discount on add-ons and accessories</p>