



## VOLUNTARY VISION PLAN—EYEMED

You will continue to have the option to enroll for Voluntary Vision through EyeMed, effective January 1, 2020. You can choose any eye care provider; however, please keep in mind that the benefit levels are higher when you visit a participating EyeMed provider (for a complete listing, please visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)), thus lowering your out-of-pocket costs.

The in-network examination copay remains at \$10 for 2020. The following is a high-level overview of the Voluntary Vision Plan and the associated premiums.

Features	EyeMed	
	In-Network	Out-of-Network
<b>Eye Exam</b>	Once every 12 months	
<b>Materials</b>		
Lenses	Once every 12 months	
Frames	Once every 12 months	
Contact Lenses (in lieu of frames and lenses)	Once every 12 months	
<b>Benefits</b>		
<b>Exams</b>		
Eye Exams	\$10 Copay	\$40 allowance
<b>Lenses</b>		
Single-Vision Lenses	\$25 Copay	\$30 allowance
Bifocal Lenses	\$25 Copay	\$50 allowance
Trifocal Lenses	\$25 Copay	\$70 allowance
Frames	\$0 Copay; \$150, 20% off balance over \$150	\$105 allowance
<b>Contact Lenses</b>		
Medically Necessary	\$0 Copay, paid in full	\$210 allowance
Conventional	\$0 Copay; \$150 allowance, 15% off balance over \$150	\$150 allowance

## Monthly Employee Contributions—Voluntary Vision Plan

Employee Only	\$7.63
Employee + Spouse	\$14.50
Employee + Child(ren)	\$15.27
Family	\$22.44