

Vision Summary



SERVICE	PREFERRED PROVIDER	OUT-OF-NETWORK PLAN REIMBURSEMENT
Eye Exam	\$10 copay	Up to \$45
Frames	\$150 allowance, 20% off balance over \$150 \$85 allowance at Costco, Walmart and Sams's Club	\$100 per person
Standard Plastic Lenses		
Single Vision	Covered in full after \$10 eyewear copay	Up to \$30
Bifocal		Up to \$50
Trifocal		Up to \$65
Lenticular		Up to \$100
Standard Progressive		Up to \$50
Contact Lenses (materials; in lieu of Standard Plastic Lenses)		
Conventional	\$0 copay; \$150 allowance	Up to \$105
Disposable	\$0 copay; \$150 allowance, plus balance over \$150	Up to \$105
Medically Necessary	Paid in full	Up to \$210
Fit and follow-up for:		
Standard Contact Lenses	Balance up to \$55	Not Covered
Premium Contact Lenses	10% off retail price	Not Covered

Frequency

Exams..... **Once every 12 months**
 Frames..... **Once every 12 months**
 Standard Plastic Lenses or Contact Lenses **Once every 12 months**

Vision Costs

2022 EMPLOYEE COSTS PER PAY PERIOD (FOR FULL AND PART-TIME EMPLOYEES)

Employee Only	\$4.38
Employee/Spouse	\$9.42
Employee/Child	\$9.84
Family	\$13.73