

# VISION INSURANCE

Provider: YOUR CARRIER

**Eligibility:** All full-time and part time employees, their spouses, and/or children to age 26 are eligible for coverage. ID cards and a benefit brochure will be provided to those who participate in coverage.

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

The Company's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. If you seek the services of a provider listed in our Preferred Provider Directory, your benefits include:

One Routine vision exam for a \$10 copay

Preferred pricing on a large selection of brand-name, designer frames, lenses and lens options.

The following chart outlines the vision plan benefits and Bi-weekly premiums:

VISION	2021 Plan
<b>Base Plan</b>	
Effective Date	1/1/2021
Plan Name	VSP - FI
Network	VSP
<b>In Network</b>	
Exams Copay	\$10
Exams Frequency	12 Months
Lenses Copay	\$25
Lenses Frequency	12 Months
Frames Copay	\$130
Frames Frequency	24 Months
Contact Lenses Copay	\$130
Contact Lenses Frequency	12 Months
<b>BiWeekly Premiums</b>	
Employee Only	\$2.48
Employee + Spouse	\$4.97
Employee + Child(ren)	\$5.32
Family	\$8.49