

# Vision Benefits Summary

2020

Semi-Monthly Premiums		
EE Only		\$3.64
Employee + Spouse/Domestic Partner		\$7.27
Employee + Child(ren)		\$7.78
Family		\$12.43
Plan Features	In Network	OON
Exam	\$10 copay	Up to \$45
Lenses	\$25 copay	Reimbursement range \$30-\$100 based on lens type
Frames	\$200 Allowance + 20% amt over allowance	Up to \$70
Elective Contacts	\$160 allowance for contacts	Up to \$105
Laser Vision Correction	Average 15% off regular price or 5% promo price	Not Covered