

Full Time employees are eligible for vision insurance coverage on the first of the month following their 60-days of employment. The following plan summary is offered to all eligible employees.

## Comprehensive Coverage

This Vision plan helps to pay for the cost of routine exams, frames, lenses and contacts. Here's a brief description of the vision option:

Welcome to Cigna Vision Schedule of Vision Coverage			
Coverage	In-Network Benefit	Out-of-Network Benefit	Frequency Period **
Exam Copay	\$10	N/A	12 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to \$45	12 months
Materials Copay	\$25	N/A	12 months
Eyeglass Lenses Allowances: (one pair per frequency period) Single Vision Lined Bifocal Lined Trifocal Lenticular	Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay	Up to \$32 Up to \$55 Up to \$65 Up to \$80	12 months 12 months 12 months 12 months
Contact Lenses Allowances: (one pair or single purchase per frequency period) Elective Therapeutic	Up to \$130 Covered 100%	Up to \$105 Up to \$210	12 months
Frame Retail Allowance (one per frequency period)	Up to \$170	Up to \$95	24 months



Employee Monthly Vision Premium Cost	Cigna Vision Plan
Single	\$5.96
Single/Child (ren)	\$11.92
Couple	\$11.32
Family	\$17.52

-These monthly premium costs are deducted from your paychecks evenly between your first two paychecks of the month to pay for the following month's insurance. If you have a month with three paychecks, then the third paycheck would not have a deduction.

Approximately 30 days after your hire date, you will receive a notice from the Central Office asking you to a) complete a benefit election form and application for the plan you have chosen or b) complete a benefit election form indicating your decision not to participate in the dental insurance program.

The application and/or benefit election forms are to be sent to the Central Office Attn: Health Insurance.