

ACTIVE EMPLOYEE VISION BENEFITS



Effective: January 1, 2022 – December 31, 2025 Rate Guaranteed thru 12/31/2025

USP Choice High Core / High Voluntary Copays \$10 Exam / \$10 Materials (Lenses and/or frame) Exam Every: 12 Months Erame Every: 24 Months Contact Lenses and/or frame) 220 copay Provides additional cyccare services targeted specifically for members with abated cyc deasa. 220 copay Contact Lens Exam (Fitting & Evaluation) Contact Lens exam (fitting and evaluation) is covered in full after copay Lanset: Contact Lens exam (fitting and evaluation) is covered in full after copay Lined Trificcal Covered in full after copay Lined Trificcal Covered in full after copay Lens Enhancements: Single Vision Multificcal Covered in full after copay Lens Enhancements: Single Vision Single Vision Multificcal Polycarbonate for children Covered in full after copay Polycarbonate Single Vision Members with setter and water as overead full after copay Single Vision Standard Anti-reflective coating Single Vision Polycarbonate Single Vision Members with setter a stasubject to change and the promotional aloware desined with refle		Ontion	<u>, 2</u>	
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