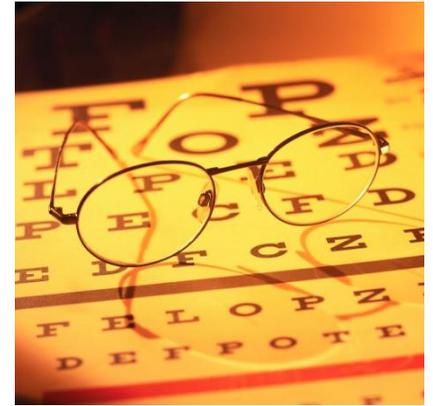


Vision Coverage

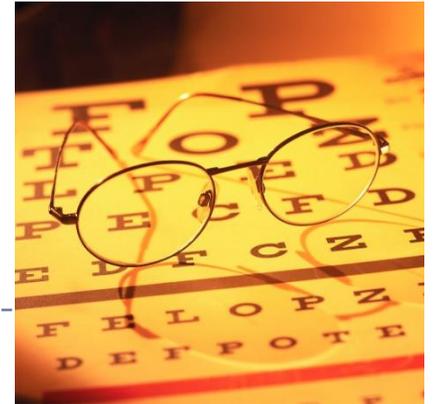
Basic Vision



- **No employee contribution**
- **Single Coverage or Family Coverage**
- **Eye Exams** given by a Participating Provider will be covered **100%** given you are choosing the eye glasses benefit
- A scheduled **\$** amount will be applied toward Clear Standard Lenses and Frames

Vision Coverage

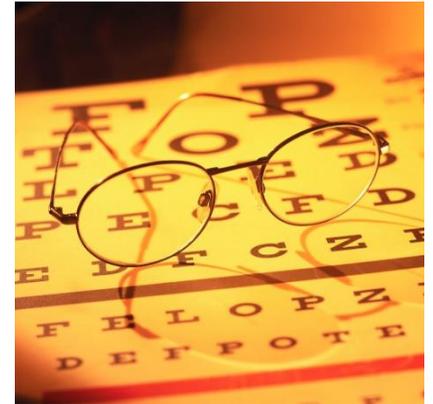
Enhanced Vision



- **Requires an Employee contribution**
- **Single Coverage or Family Coverage**
- **Additional \$ amount of benefit**
(Approximately \$25.00 collectively better than the Basic Plan)
- ***Eye Exams*** given by a Participating Provider will be covered **100%** given you are choosing the eye glasses benefit

Vision Coverage

Premier Vision



- **Requires an Employee contribution**
- **Single Coverage or Family Coverage**
- **Additional \$ amount of benefit**
(Approximately \$75.00 collectively better than the Basic Plan)
- ***Eye Exams*** given by a Participating Provider will be covered **100%** given you are choosing the eye glasses benefit