Essential StaffCARE

Vision

Vision Network –The vision benefit may be elected with or without enrollment in the indemnity medical plan. Benefits are being offered through EyeMed Vision Care. EyeMed makes vision wellness a simple, affordable part of employees' overall health routine with easy, convenient access to a large network of private practice and optical providers nationwide.
To locate an in-network provider in your area or request and ID card, please contact EyeMed at 866-723-0596, or online at www.eyemedvisioncare.com.

Benefits	In-Network	Out-of-Network
Eye Exam including Dilation (once every 12 months)		
Co-pay	$10	$35
Standard Contact Lens Fit and Follow-Up (once every 12 months)		
Co-pay	$0	$40
Premium Contact Lens Fit and Follow-Up (once every 12 months)		
10% off retail; $55 allowance - in or out-of-network		
Contact Lenses (Materials only) (once every 12 months)		
	In-Network	**Out-of-Network**
Conventional Lenses	$0 Co-pay; $80 allowance; 15% off remaining balance	$64
Disposable Lenses	$0 Co-pay; $80 allowance	$0
Medically Necessary	Plan pays 100%	$200
Frames (once every 24 months)		
$0 Co-pay	$100 allowance; 20% off balance	$45
Standard Plastic Lenses (once every 12 months)		

	Single Vision		Bifocal Vision		Trifocal Vision	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Co-pay	$10	$25	$10	$40	$10	$55
Other Add-Ons /Services	**In-Network** – 20% off retail / **Out-of-Network** – No coverage					

Lens Options:		
UV Coating, Tint (Solid and Gradient), Standard Scratch Resistant Coating, Standard Polycarbonate, Standard Anti-Reflective Coating and Standard Progressive (Add on to Bifocal)		
Co-pay	$15 each	N/A

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What is Not Covered:

No benefits are payable for services or materials connected with, or charges arising from:

- Orthoptic or vision training, sub-normal vision aids, and any associated supplemental testing;
- Aniseikonic lenses;
- Medical and/or surgical treatment of the eye, eyes, or supporting structure;
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan;
- Services provided as a result of any Worker's Compensation law;
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount);
- Services or materials provided by any other group benefit providing for vision care;
- Two pair of glasses in lieu of bifocals.

Rates:

Vision	Weekly Rate
Employee	$2.42
Employee + 1 Dependent	$4.92
Employee + Family	$6.56

The Vision plan is underwritten by Companion Life Insurance Company, P.O. Box 100102, Columbia, S.C. and administered by Planned Administrators, Inc., 17 Technology Cr., Suite E2AG Columbia, S.C.