

A summary of the costs and benefits are listed below.

| | Monthly Premium | Employee Cost Per Pay Period |
|----------------------------------|------------------------|-------------------------------------|
| <i>Employee Only</i> | \$7.51 | \$3.47 |
| <i>Employee & Spouse</i> | \$15.05 | \$6.95 |
| <i>Employee & Child(ren)</i> | \$12.74 | \$5.88 |
| <i>Family</i> | \$21.00 | \$9.69 |

| <i>This is intended to be a summary of benefits. For detailed benefit coverage and frequency refer to the dental certificate (to be provided)</i> | <i>In-Network Provider Benefits</i> |
|--|---|
| <i>Comprehensive Eye Exam</i> | \$10 copay |
| <i>Materials/Eyewear</i> | \$25 copay |
| <i>Standard Corrective Lenses</i> <ul style="list-style-type: none"> - <i>Single Vision</i> - <i>Lined Bifocal</i> - <i>Lined Trifocal</i> - <i>Lenticular</i> | Covered after eyewear copay (Lenses allowed once every 12 months) |
| <i>Additional Lens Upgrades: Progressive lenses, Anti-reflective coating, etc</i> | Costs for these upgrades will be listed in the employee enrollment guide |
| <i>Frame Allowance</i> | Covered up to \$130 after eyewear copay, member receives 20% discount on amount over \$130 allowance (Frame allowed once every 24 months) |
| <i>Contact Lenses</i> | Covered up to \$130 (in lieu of glasses once every 12 months) |
| <i>Contact Lens Fitting Fee</i> | Member responsibility (max cost \$60) |
| <i>Additional Discounts on Glasses and Sunglasses</i> | 20% discount off the cost of additional pairs of prescription glasses and prescription and non-prescription sunglasses. |