**Healthy Vision Schedule of Allowances in Partnership with EyeMed Vision Care**

**High Option**

**Elemaster US, Inc.**

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| **Benefit** | **Frequency** | **In-Network Benefit** | **Out-of-Network Reimbursement** |
| **Eye Examination**  For eyeglasses or  contact lenses | Once every 12 months | Covered in full after $15 Co-pay | Up to $35 |
| **Lenses (Standard plastic)**  Single Vision  Bifocal  Trifocal | Once every 12 months | Covered in full | Up to $25  Up to $40  Up to $55 |
| **Lens Treatment Options\***  UV Coating  Tint (Solid or Gradient)  Standard scratch-resistant coating  Standard polycarbonate  Standard anti-reflective coating  Standard progressive (add-on to bifocal)  Other add-ons and services | Unlimited | $15 Co-pay  $15 Co-pay  $15 Co-pay  $40 Co-pay  $45 Co-pay  $65 Co-pay  20% off retail price | Not Covered |
| **Frames or Contact Lenses** | Once every 12 months | $110 allowance | Up to a $55 allowance for frames  Up to a $88 allowance for contact lenses |
| **Contact Lenses – Therapeutic** | Once every 12 months | Covered in full | Up to $200 |

Eyeglass or Contact Lens Exam with Dilation

Benefits cover a comprehensive examination and prescription for eyeglass lenses or contact lens. A dilated exam, if deemed necessary by the provider, is included with a member’s copayment.

Vision services are provided by EyeMed Vision Care, please visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) or call 866-723-0513.

Signature Date

**Plan Design For: Elemaster US, Inc.**

**Effective Date: January 1, 2021**

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| **Coverage Tier** | **Rates** |
| **Individual** | **$4.38** |
| **Family** | **$12.84** |
| **Employee Plus Children** | **$8.73** |
| **Employee Plus Spouse** | **$8.30** |

Signature Date