

Vision Coverage

Your vision plan option is insured by EyeMed. The plan helps you pay for vision expenses, including routine eye exams and eye care purchases.

You can use this benefit at thousands of private practices and retail providers across the country, but your benefits are better when you use EyeMed's Access network providers. Eye exams due to medical conditions are covered under your medical plan.

The vision plan uses EyeMed's Access network. Find more detailed coverage information at benefits.lubrizol.com.



YOUR VISION BENEFITS AT A GLANCE

| FEATURE | Network Member Cost (What You Pay) | Out-of-Network Benefit (What the Plan Will Reimburse You) |
|---|--|--|
| Biweekly Contribution | Individual \$3.75 2-person \$6.56 Family \$10.26 | |
| Exam with Dilation as Necessary Once every calendar year | \$0 copay | Up to \$35 |
| Retinal Imaging | Up to \$39 | \$0 |
| Standard Contact Lens Fit and Follow-up | Up to \$55 | \$0 |
| Premium Contact Lens Fit and Follow-up | 90% of retail price | \$0 |
| Eyeglass Frames Once every calendar year | \$0 copay, 80% of charge over \$150 | Up to \$75 |
| Standard Plastic Lenses¹ Once every 12 months instead of contact lenses <ul style="list-style-type: none"> • Single vision • Bifocal • Trifocal • Standard progressive • Premium progressive | \$15 copay \$15 copay \$15 copay \$15 copay \$15 copay, 80% of charge over \$120 | Up to \$25 Up to \$40 Up to \$55 Up to \$55 Up to \$55 |
| Lens Options Paid by member and added to the base price of the lenses <ul style="list-style-type: none"> • Tint (solid and gradient) • UV coating • Standard scratch resistance • Standard polycarbonate • Standard anti-reflective • Polarized • Other add-ons and services | \$15 \$0 \$0 \$0 \$45 80% of retail price 80% of retail price | \$0 Up to \$5 Up to \$5 Up to \$5 \$0 \$0 \$0 |
| Contact Lenses (Materials Only)² Once every calendar year instead of standard plastic lenses <ul style="list-style-type: none"> • Conventional • Disposable • Medically necessary¹ | \$0 copay, 85% of charge over \$150 \$0 copay, 100% of charge over \$150 \$0 copay, paid in full | Up to \$120 Up to \$120 Up to \$200 |
| Lasik and PRK Vision Procedures | 85% of retail price or 95% of promotional pricing; call 1-800-988-4221 | \$0 |

1 Plan allows the member to receive either contacts and frames, or frames and lens services.

2 Contact lenses are defined as medically necessary if the patient is diagnosed with specific medical conditions where the patient's vision cannot be corrected using standard spectacle lenses. Contact EyeMed at **1-866-723-0513** for additional information.