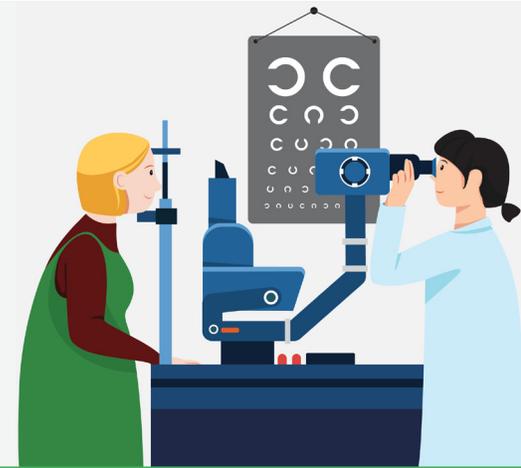


ABOUT VISION

Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/redoakisd



Vision		Frequency	
Employee	\$5.78	Examination	Once every 12 months
Employee and 1 Dependent	\$10.97	Lenses or Contact Lenses	Once every 12 months
Employee and 2+ Dependents	\$16.11	Frame	Once every 24 months

Summary of Benefits	Member Cost	
Vision Care Services	In-Network (INSIGHT)	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Co-pay	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay; \$130 allowance; 20% off balance over \$130	Up to \$91
Standard Plastic Lenses		
Single Vision	\$25 Co-pay	Up to \$30
Bifocal	\$25 Co-pay	Up to \$50
Trifocal	\$25 Co-pay	Up to \$70
Standard Progressive Lens	\$90 Co-pay	Up to \$50
Premium Progressive Lens	\$110 Co-pay- \$135 Co-pay	
Tier 1 Tier 2 Tier 3 Tier 4	\$110 Co-pay \$120 Co-pay \$135 Co-pay \$90 Co-pay, 80% of charge less \$120 allowance	Up to \$50
Lenticular	\$25 Co-pay	Up to \$70
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate- Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating	\$57- \$68	N/A
Tier 1 Tier 2 Tier 3	\$57 \$68 80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Contact Lenses		
Conventional	\$0 Co-pay; \$130 allowance; 15% off balance over \$130	Up to \$130
Disposable	\$0 Co-pay; \$130 allowance; plus balance over \$130	Up to \$130
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A

You're on the **INSIGHT Network**. For a complete list of in-network providers near you, use our Enhanced Provider Locator on www.eyemed.com or call (866) 804-0982.

For Lasik providers, call (877) 5LASER6.

You can request your vision ID card by contacting EyeMed directly at (888) 581-3648. You can also go to www.eyemed.com and register/login to access your account