



Vision Insurance (Lincoln Financial Group)

LINCOLN FINANCIAL GROUP VISION PLAN

Your vision checkup is fully covered after your exam copay. After any materials copay, the plan covers frames, lenses, and contacts as described below.

| | In-Network | Out-of-Network |
|--------------------------------|--|---|
| Copay | Exam: \$20 Copay Materials: \$20 Copay | Exam: \$20 Copay Materials: \$20 Copay |
| Frames | \$130 Allowance | Up to \$45 reimbursement |
| Lenses | Single Vision: \$20 Bifocal: \$20 Trifocal: \$20 | Single Vision: Up to \$40 reimbursement Bifocal: Up to \$60 reimbursement Trifocal: Up to \$80 reimbursement |
| Contacts (Elective) | \$125 Allowance | Up to \$125 reimbursement |
| Contacts (Medically Necessary) | \$0 | Up to \$210 reimbursement |
| Frequency | Exam: 12 months Frames: 24 months Lenses: 12 months | Exam: 12 months Frames: 24 months Lenses: 12 months |
| Vision Monthly Premiums | | |
| Employee Only | | \$6.04 |
| Employee Spouse | | \$11.45 |
| Employee Child(ren) | | \$13.42 |
| Employee Family | | \$18.86 |