

Vision insurance

Lincoln VisionConnect[®] provides a full-featured vision plan, with a comprehensive choice of retail and private practice providers available to help employees protect their eyesight. This plan offers a full range of benefits that help maintain eye health – everything from glasses and contacts to routine and preventive examinations and care. There are no claim forms, no vouchers, and no ID cards needed for in-network care; the focus is on easy access to essential vision care.

Product conditions

- Quoted rates based on the employer contribution shown in this proposal. If these assumptions are not correct, rates may be adjusted or the proposal may be withdrawn. Final rates will be calculated based on:
 - the agreed-upon plan;
 - employer contribution (changing the percentage of employer contributions for employee and/or dependent coverage may affect quoted rates);
 - enrolled census;
 - employee location(s);
 - correct industry code (SIC); and
 - other pertinent underwriting factors.
- All active, full-time permanent employees may be covered, unless otherwise specified in this proposal. Retired, temporary and seasonal employees are not eligible, unless otherwise specified.
- Vision plan requires a minimum of 2 enrolled lives.
- Proposal assumes the vision plan is sold with at least one additional line of coverage.

Class and eligibility descriptions

Vision insurance	
Option	1
Class	1
Class description	All Full-Time Employees
Employer contribution to employee premium	0%
Employer contribution to dependent premium	0%
Minimum hours	30 hours per week, unless otherwise agreed upon

Vision benefit overview

Vision benefits		
Option	1	
Class	Class 1	
Plan	Lincoln VisionConnect® LVC9	
	Network¹	Out of Network²
Exam copay	\$10	Not applicable
Material copay	\$25	Not applicable
Eye examination	100%	Up to \$40.00
Eyeglass lenses		
Single lenses	100%	Up to \$40.00
Bifocal	100%	Up to \$60.00
Trifocal	100%	Up to \$80.00
Lenticular	100%	Up to \$80.00
<p>Eyeglass lens options: When visiting in-network providers, most popular lens options are provided at negotiated prices, providing a savings to members. All other lens options are offered up to a 20% discount off the retail price at participating providers. Members can obtain a listing of lens options at www.lvc.lfg.com.</p> <p>Value-added lens options:</p> <ul style="list-style-type: none"> Standard scratch-resistant coating is provided at no additional charge for all lenses covered in full. Polycarbonate lenses for Dependent Children up to age 19 provided at no additional charge. 		
Frames³	100% (up to \$130)	Up to \$45.00
Elective contact lenses⁴		
Contact lens selection (material copay applies)	100%	Up to \$125.00
Contact lens non-selection (no copay)	Up to \$125.00	Up to \$125.00
Necessary contact lenses	100%	Up to \$210.00
<p>Mail order contacts: Member may also purchase mail order contact lenses online at a 10% discount. The member will visit www.myvisionlenses.com and will be required to submit an Out-of-Network claim for reimbursement.</p>		
<p>LASIK Vision Correction through QualSight® LASIK</p> <ul style="list-style-type: none"> Free LASIK consultation with in-network providers. Preferred pricing with in-network providers. Convenient access to experienced LASIK surgeons at more than 900 locations nationwide. A personal QualSight Care Manager for one-on-one help throughout the process. Flexible 0% financing options available to qualified applicants. 		
Service frequencies		
Exam	12 months	
Lenses	12 months	
Frames	24 months	

¹*Network Benefits:* Exam and materials copays and patient options are paid to the network provider by the plan participant.

²*Out-of-Network Benefits:* The plan participant pays full fee to the provider and the member submits a claim for reimbursement of services rendered up to maximum allowance. There are no copays.

³*Frame Benefit:* Plan participants receive a \$130 frame allowance to use toward the purchase of any frame choice. For any frame above \$130, the member is responsible for any amounts over \$130. Up to a 30% discount is applied to the cost above the allowance at participating providers.

⁴*Elective Contact Lenses:* Contact lenses are provided in lieu of eyeglasses (lenses and frame). Benefits may only be applied under one of the three benefit options.

- When purchasing from the Contact Lens Selection list, the benefit is covered-in-full (after materials copay). This includes fitting/evaluation fees, contacts (up to 4 boxes of disposables, actual amount will depend on prescription) and up to two follow-up visits. The Contact Lens Selection is not available at Wal-Mart, Sam's Club, Costco, Target or Warby Parker. Members may use the available contact lens allowance when purchasing contacts at those locations.

- All other elective contact lenses are covered up to a \$125 allowance. Materials copay does not apply. The plan does not cover the cost of contact lens fitting /evaluation fees or the follow-up exam(s).
- Medically necessary contact lenses are determined at the eye care provider's discretion.

This is not an exact list; additional benefits may be found in the policy and may vary by state.

Vision rates

Vision insurance rates			
	Tier		Monthly rate
	Employee only		\$6.80
	Employee+spouse		\$12.90
	Employee+child(ren)		\$15.15
	Employee+family		\$21.30

Key coverage highlights

- The *Lincoln VisionConnect*® plan proudly partners with Spectera® who provides a national vision network with over 100,000 access points, including over 100 leading retail chains, representing 48 out of the top 50 states. Members also have access to Warby Parker's designer prescription eyewear at affordable prices and can use their vision benefit to purchase materials through Warby Parker online or at any of the more than 50 stores nationwide. Covered members are responsible for any material co-pay and amount above the \$130 frame allowance.
- Additional Maternity benefits: Expanded coverage for a second eye exam and new pair of glasses including frames and lenses (if the vision prescription changes .5 diopter or greater in a plan year) without additional premium cost. Standard coverage applies.
- Children's Eye Care Program: Includes coverage for children up to age 13 for a second eye exam and new pair of glasses including frames and lenses (if prescription changes .5 diopter or greater) during the service frequency. Standard coverage applies.
- Covered employees have full access to a variety of helpful and informative services, including toll-free customer service line (1-800-440-8453), 24/7 Interactive Voice Response (IVR), and convenient, interactive website where members can view claims, print ID cards and more.
- Paperless in-network process: No claim forms and no ID cards are required when getting services from in-network providers.

Limitations and exclusions

Like any insurance, this vision insurance plan does have some exclusions. The plan does not cover:

- post-cataract lenses
- non-prescription items
- medical or surgical treatment for eye disease that requires the services of a physician
- Workers' Compensation services or materials
- services or materials that the patient, without cost, obtained from any governmental organization or program
- services or materials that are not specifically covered by the plan
- replacement or repair of lenses and/or frames that have been lost or broken
- cosmetic extras, except as stated in the policy

This is not a complete list; additional limitations and exclusions may be found in the policy and may vary by state.