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 If these assumptions are not correct, rates may be adjusted or the proposal may be withdrawn.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	50%
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*®	
	Network[1]	**Out of Network**[2]
Exam copay	$10	Not applicable
Material copay	$25	Not applicable
Eye examination	100%	Up to $40
Eyeglass lenses		
Single lenses	100%	Up to $40
Bifocal	100%	Up to $60
Trifocal	100%	Up to $80
Lenticular	100%	Up to $80
Eyeglass lens options: When visiting in-network providers, most popular lens options are provided at price-protected amounts providing savings to members. Most other lens options are offered with at least a 20% discount off the retail price at participating providers. Members can obtain a listing of lens options at www.lvc.lfg.com. Price protection for non-covered lens options are capped amounts to avoid cost surprises at time of purchase. Exclusions and limitations apply. **Value-added lens options:** • 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.		
Frames[3]	100% (up to $130)	Up to $45
Elective contact lenses[4]		
Contact lens selection (material copay applies)	100%	Up to $125
Contact lens non-selection (no copay)	Up to $125	Up to $125
Necessary contact lenses	100%	Up to $210
Save on contact lenses: Member can save 10% off contact lenses when ordering through uhcglasses.com. To get a reimbursement, members will need to submit an out-of-network claim.		
Laser Vision Correction through QualSight® LASIK • A no cost LASIK consultation. • Bladeless laser vision correction procedures. • The choice of more than 800 locations nationwide. • Financing options. • Enhancements for optimal vision correction results, with extended enhancement plans also available. • Personal QualSight Care Manager for one-on-one help throughout the process.		
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 the plan's designated frame allowance to use toward the purchase of any frame choice. Any charges over the allowance are the patient's responsibility. 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 the plan's designated frame allowance. Materials copay does not apply. The plan does not cover the cost of the 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			
Option:	1	Class:	All Full-Time Employees
Rate guarantee:	24 months	Total eligible employees:	414
Effective date:	01/01/2027	Monthly premium:	$2,121.29

Tier	Enrolled employees	Monthly rate
Employee only	217	$5.15
Employee+spouse	21	$9.76
Employee+child(ren)	5	$11.46
Employee+family	46	$16.11

PlanID: LVC9