[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

Class and eligibility descriptions

Vision insurance	
Option	2
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	2	
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
Retinal Imaging	$39	Not applicable
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 $150)	Up to $45
Elective contact lenses[4]		
Elective Contact Lenses	100% (up to $150)	Up to $125
Contact Lens Fitting and Evaluation	Up to $30	Not applicable
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	12 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.

- Allowance is applied toward the purchase of contact lenses. Material copay does not apply.
- Elective contact lens fitting and evaluation - Allowance is applied toward the contact lens fitting/evaluation fees.
- 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:	2	Class:	All Full-Time Employees
Rate guarantee:	24 months	Total eligible employees:	414
Effective date:	01/01/2027	Monthly premium:	$3,080.42

Tier	Enrolled employees	Monthly rate
Employee only	217	$7.07
Employee+spouse	21	$14.13
Employee+child(ren)	5	$16.55
Employee+family	46	$25.38

PlanID: LV4

Key coverage highlights

- The *Lincoln VisionConnect*® plan proudly partners with Spectera® who provides a national vision network with over 185,000 access points, including private practices and well-known retail chains. Members can also use their in-network benefits online at WarbyParker.com, GlassesUSA.com, UHCglasses.com, 1-800Contacts.com and more. Covered members are responsible for any material co-pay and amount above the 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 19 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 optional 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.