



# Vision Plan

## FY 2018-2019

### Employee Paid Plan

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Employee Only	<b>Cost: \$0</b>	per pay period*
Employee + Spouse	<b>Cost: \$4.57</b>	per pay period*
Employee + Children	<b>Cost: \$4.67</b>	per pay period*
Employee + Family	<b>Cost: \$9.30</b>	per pay period*

### Highlights

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Eye Exam Once a Year	<b>Cost: \$10 co-pay</b>
Contact Lens Fitting, re-fit or evaluation once a year	<b>Cost: \$10 co-pay</b>
\$200 allowance for eyewear annually	<b>Cost: \$10 co-pay</b>

*(This allowance can be applied to frames, spectacles lenses, contact lenses, special lens options, or any combination. As long as you select eyewear having a retail price that's less than or equal to your allowance, the only out-of-pocket expense you incur for the eyewear is the \$10 co-pay)*

\*Based on 24 pay periods