



Vision coverage for part-time associates

For benefit coverage March 1, 2025 – February 28, 2026

The vision plan is offered through The American Worker, **underwritten by Ameritas**. Benefits are provided once every 12 months based on date of service. You may use any vision care provider you wish, but you will save money if you visit a provider in the EyeMed Insight network. To find an EyeMed provider, call **1-866-939-3633** or visit **ameritas.com** and click the “Find a Health Provider” link. Under the “Find a Vision Provider” section, select “EyeMed” and click on the “Find EyeMed Providers” link. Choose the Insight network.

Benefits Overview

Covered Services	In-Network Amount You Pay	Out-of-Network Plan Reimburses up to...
Comprehensive Eye Exam Deductible	\$10	\$35
Eyeglass Lenses or Contact Lenses Deductible	\$10	N/A
Contact Lenses Fit & Follow-Up Frames	\$0, up to \$40 allowance \$0, up to \$120 retail allowance	N/A \$65
Standard Plastic Lenses		
Single Vision	\$10	\$25
Bifocal	\$10	\$40
Trifocal	\$10	\$55
Standard Progressive Lens	\$75	N/A
Lens Options		
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
UV Treatment or Tint (Solid & Gradient)	\$15	N/A
Standard Anti-Reflective Coating	\$45	N/A
Contact Lenses		
Conventional or Disposable	\$0, up to \$120 allowance	\$104
Medically Necessary	\$0, paid in full	\$200
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Weekly Contribution Rates		
Associate Only / Associate + 1 / Family		\$1.54 / \$2.93 / \$4.31