

How the Dominion Vision Plan Pays Benefits

Vision Plan Features	In-Network	Out-of-Network
Exam with dilation as necessary	\$0 copay	Up to \$55
Contact lens fit and follow-up <ul style="list-style-type: none"> • Standard • Premium 	Up to \$40 10% off retail price	N/A N/A
Frames	\$0 copay, \$80 allowance; 20% off balance over \$80	Up to \$65
Standard plastic lenses <ul style="list-style-type: none"> ▪ Single vision ▪ Bifocal ▪ Trifocal ▪ Lenticular ▪ Standard progressive lens ▪ Premium* progressive lens <ul style="list-style-type: none"> – Tier 1 – Tier 2 – Tier 3 – Tier 4 	\$0 copay \$0 copay \$0 copay \$0 copay \$50 copay \$76 \$82 \$88 \$50 copay, 80% of charge less \$120 allowance	Up to \$60 Up to \$80 Up to \$100 Up to \$120 Up to \$80 Up to \$80 Up to \$80 Up to \$80 Up to \$80
Lens options (paid by the member and added to the base price of the lens) <ul style="list-style-type: none"> ▪ UV coating ▪ Oversize (upcharge) ▪ Tint (solid and gradient) ▪ Standard scratch-resistance ▪ Standard polycarbonate—adults ▪ Standard polycarbonate—children under 19 ▪ Standard anti-reflective ▪ Polarized ▪ Photochromic/transitions plastic ▪ Premium* anti-reflective <ul style="list-style-type: none"> – Tier 1 – Tier 2 – Tier 3 ▪ Glass grey#3 (Rx sun) ▪ Blended ▪ Intermediate ▪ Photochromic glass ▪ High index ▪ Other add-ons and services 	\$12 \$0 \$0 \$15 \$30 \$0 \$35 \$75 \$65 \$48 \$48 \$60 \$0 \$20 \$30 \$20 \$55 20% off retail price	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
Contact lenses instead of eyeglass lenses (allowance covers materials only) <ul style="list-style-type: none"> ▪ Conventional ▪ Disposables ▪ Medically necessary 	\$0 copay, \$110 allowance; 15% off balance over \$110 \$0 copay, \$110 allowance; plus balance over \$110 \$0 copay, paid in full	Up to \$100 Up to \$100 Up to \$100

Vision Plan Features	In-Network	Out-of-Network
LASIK and PRK vision correction	15% off retail price OR 5% off promotional price	N/A
Additional pairs	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency Exam Frames Standard plastic lenses or contact lenses	<p style="text-align: center;">Once every calendar year Once every 2 calendar years Once every calendar year</p>	
Medical eye conditions, such as eye infection, injury or glaucoma, are covered under the medical plan, not the vision plan.		

* Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's medical director and are subject to change, based on market conditions.