

# Vision Insurance

EyeMed



Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

If you are enrolled in a medical plan with Koch, your annual exam continues to be covered at no cost under medical insurance if you see a participating provider.

	Vision Plan	
	In-Network	Out-of-Network
	You pay	Reimbursement Amount
<b>Cost</b>		
Exam	\$10 Copay	Up to \$35
<b>Covered Services - Lenses</b>		
Single Lenses	\$10 Copay	Up to \$25
Bifocals	\$10 Copay	Up to \$40
Trifocals	\$10 Copay	Up to \$65
Frames	up to \$140 Retail Allowance; 20% discount off remaining balance over \$140 allowance	Up to \$70
<b>Covered Services - Contacts in lieu of Frames/Lenses</b>		
Contacts - Medically Necessary	Covered 100%	Up to \$70
Contacts - Conventional	up to \$155 Retail Allowance; 15% discount (conventional) off remaining balance over \$155	up to \$70
<b>Benefit Frequency</b>		
Exams	Once every 12 Months	
Lenses	Once every 12 Months	
Frames	Once every 24 Months	
Contacts (in lieu of frames/lenses)	Once every 12 Months	

## Vision Employee Cost Per Week

Employee Only	\$2.05
Employee + Spouse	\$3.89
Employee + Family	\$5.71



**Questions?** Contact the HR Department at [HRDept@kochcompanies.com](mailto:HRDept@kochcompanies.com) or the HR Hotline at **800-249-2369**