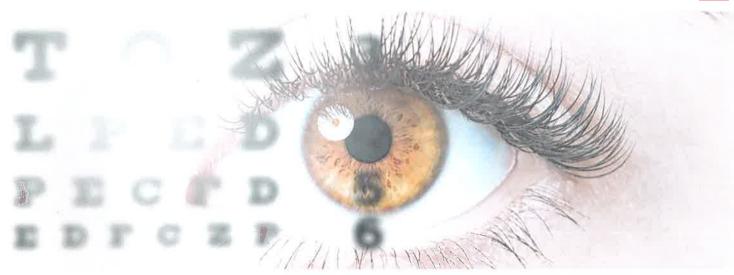
# Vision 2017

Home Benefits 2017 / Vision 2017





## **VISION**

Helen of Troy makes available a comprehensive vision plan that provides you access to the services and products you need to care for your eyes.

## At-a-Glance

|   | 1                         |                         |  |
|---|---------------------------|-------------------------|--|
| Plan Design   |                           | Frequency - Once Every: |  |
| Eye Examination inclusive of Dilation (when professionally indicated)                 |                           |                         |  |
| Spectacle Lenses 12 Months  |                           |                         |  |
| ame 24 Months   |                           |                         |  |
| ontact Lens Evaluation, Fitting & Follow-Up Care 12 Months                            |                           |                         |  |
| Contact Delle Dividencia, i ming or i care op Care                                    | 12 Wolling                |                         |  |
| Contact Lenses (in lieu of eyeglasses)  Copayments                                    | 12 Months                 |                         |  |
| Contact Lenses (in lieu of eyeglasses)  Copayments                                    | 1 1/2 - 2 No. 3 CH   2 CH | \$10                    |  |
| Contact Lenses (in lieu of eyeglasses)  | 1 1/2 - 2 No. 3 CH   2 CH |                         |  |
| Contact Lenses (in lieu of eyeglasses)  Copayments  Eye Examination                   | 1 1/2 - 2 No. 3 CH   2 CH | \$10                    |  |
| Contact Lenses (in lieu of eyeglasses)  Copayments  Eye Examination  Spectacle Lenses | 1 1/2 - 2 No. 3 CH   2 CH | \$10<br>\$10            |  |

| 6/2017 Helen of  | g.   |  |
|--|--|--|
| Fashion level  | Up to \$125  | Included   |
| Designer level   | Up to \$175  | Included   |
| Premier level  | Up to \$225  | \$25 copayment                                   |
| Eyeglass Benefit – Spectacle Lenses Average Reta   |  | Member Charges                                   |
| Clear plastic single-vision, lined bifocal ortifical lenses (any Rx)                             | \$60-\$120   | Included   |
| Oversize Lenses  | \$20   | Included   |
| Tinting of Plastic Lenses  | \$20   | Included   |
| Scratch-Resistant Coating  | \$25-\$40  | Included   |
| Polycarbonate Lenses   | \$60-\$75  | Included   |
| Ultraviolet Coating  | \$25-\$30  | Included   |
| Standard Anti-Reflective (AR) coating  | \$50-\$70  | \$35   |
| Premium AR Coating   | \$65-\$90  | \$48   |
| Ultra AR Coating   | \$100-\$125  | \$60   |
| Standard Progressive Lenses  | \$150-\$195  | \$50   |
| Premium Progressives (Varilux, etc)  | \$195-\$300  | \$90   |
| Intermediate-Vision Lenses   | \$150-\$175  | \$30   |
| High-Index Lenses  | \$90-\$150   | \$55   |
| Polarized Lenses   | \$95-\$110   | \$75   |
| Plastic Photosensitive Lenses  | \$95-\$150   | \$65   |
| Scratch Protection Plan: Single Vision   Multifocal Lenses                                       |  | \$20 \$40  |
| Contact Lens Benefit (in lieu of eyeglasses)  Non-Collection Contact Lenses: Materials Allowance |  | Up to \$130 – Plus a 15% discount on any overage |
| Evaluation, Fitting & Follow-Up Care – Standard Lens Types                                       |  | Included   |
| -Evaluation, Fitting & Follow-Up Care – Standard Lens Types                                      | Up to \$60 allowance – Pho<br>a 15% discount on any<br>overage |  |
| Employee Relations   |  |  |
| Collection Contact Lenses (in lieu of Allowance): Materials                                      |  | 8 boxes/multi-packs                              |
| Disposable   |  | 4 boxes/multi-packs                              |
| Planned Replacement  |  |  |
| Evaluation, Fitting & Follow-Up Care   |  | Included   |
| Medically Necessary Contact Lenses (with prior approval)   |  | Included   |

#### Total Rewards

#### Out-of-Network Reimbursement Schedule: up to

-Materials, Evaluation, Fitting & Follow-Up Care

HR Team

| Eye Examination: \$30 | Single Vision Lenses: \$25 | Trifocal Lenses: \$45   | Elective Contact Lenses: \$75 |
|-----------------------|----------------------------|-------------------------|-------------------------------|
| Frame: \$30           | Bifocal Lenses: \$35       | Lenticular Lenses: \$60 | Medically Necessary CL: \$225 |

<sup>\*</sup>Additional discounts not applicable at Walmart or Sam's Club locations.

<sup>\*</sup>Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.0 dopeters or greater,



#### ONE-YEAR EYEGLASS BREAKAGE WARRANTY INCLUDED

Davis Vision

Included

<sup>\*</sup>Collection is available at most participating independent provider offices. Collection is subject to changes. Collection is inclusive of select torics and multifecals.

#### 4/26/2017

1-800-999-5431

#### Vision Resources

Davis Vision Video

Vision Summary Plan Description

Vision Employee Rates

Vision FAQs

Vision Benefit Summary

Forms

Vision Reimbursement Form

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- <u>Discounts</u><u>Benefits</u>
- Employee Relations
- U.S. Payroll
- HOTFIT
- Total Rewards
- HR Team