

**LOUISIANA SHERIFFS' ASSOCIATION
SCHEDULE OF VISION BENEFITS**

PLAN NAME	PLAN NUMBER
Louisiana Sheriffs' Association	722XX
PLAN'S ORIGINAL BENEFIT PLAN DATE	PLAN'S ANNIVERSARY DATE
July 1, 2015	July 1st

NETWORK COVERED BENEFITS

Benefit and Frequency	Plan Participant Responsibility
Routine Eye Health Examination Inclusive of Dilation (Once every 12 months)	\$0.00 Copay
Spectacle Lenses (One per eye every 12 months)	\$15.00 Copay
Single Vision	Included
Choice of plastic or glass lenses	Included
Scratch-Resistant Coating	Included
Lined Bifocal Lenses	Included
Lined Trifocal Lenses	Included
Oversized Lenses	Included
Lenticular Lenses	Included
Polycarbonate Lenses	
<ul style="list-style-type: none"> Children under 19 years old 	Included
<ul style="list-style-type: none"> Monocular Plan Participants 	Included
<ul style="list-style-type: none"> Plan Participants with Prescriptions not more than +/-6.00 diopters 	Included
<ul style="list-style-type: none"> Adults not mentioned above 	\$30.00 Network pricing
Fashion and Gradient Tinting of Plastic Lenses	Included
Ultraviolet Coating	\$12.00 Network pricing
Anti-Reflective (AR) Coating	
<ul style="list-style-type: none"> Standard 	\$35.00 Network pricing
<ul style="list-style-type: none"> Premium 	\$48.00 Network pricing
<ul style="list-style-type: none"> Ultra 	\$60.00 Network pricing
Progressive Lenses	
<ul style="list-style-type: none"> Standard 	\$50.00 Network pricing
<ul style="list-style-type: none"> Premium 	\$90.00 Network pricing
<ul style="list-style-type: none"> Ultra 	\$140.00 Network pricing
Intermediate-Vision Lenses	\$30.00 Network pricing
Blended-Segment Lenses	\$20.00 Network pricing
High-Index Lenses	\$55.00 Network pricing
Polarized Lenses	Included
Photochromic Glass Lenses	Included
Plastic Photosensitive Lenses	Included
Scratch Protection Plan	
<ul style="list-style-type: none"> Single Vision 	\$20.00 Network pricing
<ul style="list-style-type: none"> Multifocal Lenses 	\$40.00 Network pricing

Eyeglass Frames (One every 24 months)	
Non-Collection Frames	Up to \$150.00 Allowance Plus a 20% discount* on any overage
Davis Vision Collection Frames (only available at certain Network Providers)	
• Fashion Level	Included
• Designer Level	Included
• Premier Level	\$25.00 Network pricing
Contact Lenses in lieu of Eyeglasses (One per eye every 12 months)	
Standard Contact Lenses	
• Materials only	Up to \$130.00 Allowance Plus a 15% discount* on any overage
• Evaluation, Fitting and Follow-up Care	Included
Specialty Contact Lenses	
• Materials only	Up to \$130.00 Allowance Plus a 15% discount* on any overage
• Evaluation, Fitting and Follow-up Care	Up to \$60.00 Allowance Plus a 15% discount* on any overage
Medically Necessary Contact Lenses	
• Prior Authorization Required	Included
• Includes Materials, Evaluation, Fitting and Follow-up Care	Included

NO BENEFITS ARE AVAILABLE FOR NON-NETWORK PROVIDERS.

SPECIAL NOTES

Providers may be required in some areas to collect sales taxes over the value of covered and discounted items and services. The Plan Participant must pay any sales taxes.

*Discounts are not available at Costco, Walmart or Sam's Club locations.

Laser Vision Correction is not a covered Benefit.

One year Eyeglass breakage warranty included.

ELIGIBILITY WAITING PERIOD

The Plan Administrator will determine the Eligibility Waiting Period and Effective Date of coverage for all eligible Employees and their Dependents.