

**Hardin County**  
**2021 Vision Benefit Overview**

|  | <i>Current</i>                          | <i>Renewal</i>                          | <i>Alternate 1-L3</i>                   | <i>Alternate 2-L5</i>                   |
|--|---|---|---|---|
| <b>Insurance Carrier / Network</b>       | <b>Avesis / In Network</b>              | <b>Avesis / In Network</b>              | <b>Avesis / In Network</b>              | <b>Avesis / In Network</b>              |
| <b>Eye Exam (every 12 months)</b>        | \$10 Copay                              | \$10 Copay                              | \$10 Copay                              | \$10 Copay                              |
| <b>Frames (every 24 months)</b>          | Plan pays up to \$150                   | Plan pays up to \$150                   | Plan pays up to \$150                   | Plan pays up to \$150                   |
| <b>*Lenses (every 12 months)</b>         |   |   |   |   |
| Single/Bifocal/Trifocal/Lenticular       | Covered in full after \$15 Copay        | Covered in full after \$15 Copay        | Covered in full after \$15 Copay        | Covered in full after \$15 Copay        |
| Standard Progressives                    | Covered up to \$50, plus 20% off retail | Covered up to \$50, plus 20% off retail | Covered up to \$50, plus 20% off retail | Covered up to \$50, plus 20% off retail |
| Youth Polycarbonate                      | Plan pays \$40                          | Plan pays \$40                          | Plan pays \$40                          | Plan pays \$40                          |
| Adult Polycarbonate                      | N/A                                     | N/A                                     | Plan pays \$40                          | Plan pays \$40                          |
| Standard Scratch                         | N/A                                     | N/A                                     | Plan pays \$17                          | Plan pays \$17                          |
| UV Screening                             | N/A                                     | N/A                                     | Plan pays \$15                          | Plan pays \$15                          |
| Solid or Gradient Tint                   | N/A                                     | N/A                                     | Plan pays \$17                          | Plan pays \$17                          |
| Standard Anti-Reflective                 | N/A                                     | N/A                                     | Plan pays \$45                          | Plan pays \$45                          |
| Level 1 Progressives                     | N/A                                     | N/A                                     | N/A                                     | Plan pays \$75                          |
| Level 2 Progressives                     | N/A                                     | N/A                                     | N/A                                     | Plans pays \$110                        |
| <b>*Contact Lenses (every 12 months)</b> |   |   |   |   |
| Elective                                 | Plan Pays up to \$130                   | Plan Pays up to \$130                   | Plan Pays up to \$130                   | Plan Pays up to \$130                   |
| Medically Necessary (prior auth req)     | Covered in full after \$15 Copay        | Covered in full after \$15 Copay        | Covered in full after \$15 Copay        | Covered in full after \$15 Copay        |
| <b>Lasik Surgery (one-time/lifetime)</b> | Covered up to \$150                     | Covered up to \$150                     | Covered up to \$150                     | Covered up to \$150                     |
| <b>Renewal Premiums</b>                  | <b>2020 Current</b>                     | <b>2021 Renewal</b>                     | <b>2021 Alternate 1</b>                 | <b>2021 Alternate 2</b>                 |
| <b>Employee</b>                          | <b>\$11.73</b>                          | <b>\$11.73</b>                          | <b>\$13.47</b>                          | <b>\$14.39</b>                          |
| <b>EE &amp; Spouse</b>                   | <b>\$23.48</b>                          | <b>\$23.48</b>                          | <b>\$27.01</b>                          | <b>\$28.88</b>                          |
| <b>EE &amp; Child(ren)</b>               | <b>\$22.19</b>                          | <b>\$22.19</b>                          | <b>\$26.06</b>                          | <b>\$28.11</b>                          |
| <b>Family</b>                            | <b>\$30.29</b>                          | <b>\$30.29</b>                          | <b>\$35.35</b>                          | <b>\$38.03</b>                          |
| <b>Annual Premium</b>                    | <b>\$12,416.88</b>                      | <b>\$12,416.88</b>                      | <b>\$14,402.28</b>                      | <b>\$15,453.60</b>                      |
| <b>% Increase</b>                        |   | <b>0.00%</b>                            | <b>15.99%</b>                           | <b>24.46%</b>                           |

*\*Lenses OR Contact Lenses (every 12 months)*  
*Member savings with L3 package up to \$268*  
*Member savings with L5 package up to \$418*

|                |    |
|----------------|----|
| Current Census |    |
| Single         | 16 |
| EE/SP          | 12 |
| EE/CH          | 5  |
| Family         | 15 |

**Hardin County**  
**2020 Vision Benefit Overview**

| <i>Insurance Carrier / Network</i>      | <i>Avesis / In Network</i>       | <i>Avesis/ Out of Network</i> |
|---|----------------------------------|-------------------------------|
| Exam (Every 12 months)                  | \$10 Copay                       | Up to \$35                    |
| Standard Lenses                         | Covered in full after \$15 Copay | Up to \$25 through \$80       |
| Lens - Standard Progressive & Specialty | Covered up to \$50               | Up to \$40                    |
| Frames (every 24 months)                | Plan pays up to \$150.00         | Up to \$45                    |
| Contacts (every 12 months)              | Plan Pays up to \$130.00         | Up to \$130                   |
| Lasik Surgery                           | Covered up to \$150.00           | Up to \$150                   |

| <b>Renewal Premiums per month</b> | <b>2020 Rates</b> |
|-----------------------------------|-------------------|
| <b>Employee</b>                   | <b>\$11.73</b>    |
| <b>EE &amp; Spouse</b>            | <b>\$23.48</b>    |
| <b>EE &amp; Child(ren)</b>        | <b>\$22.19</b>    |
| <b>Family</b>                     | <b>\$30.29</b>    |
| <b>Increase</b>                   | <b>#DIV/0!</b>    |