

## Vision Plan & Premiums

Enroll in our vision plan through VSP and visit **VSP.com** to find a VSP Advantage network provider.

EVERY CALENDAR YEAR		
EYE EXAM	<ul> <li>No charge when using a Premier provider</li> <li>\$10 copay when using any other in-network provider</li> </ul>	
GLASSES	<ul> <li>\$20 copay for lenses and frames; up to \$200 allowance for frames</li> <li>Frame allowance can be used for non-prescription sunglasses and blue-light filtering glasses or contacts</li> </ul>	
CONTACTS	Up to \$150 allowance for contact lens exams and contacts	

VISION BIWEEKLY PREMIUMS		
EMPLOYEE ONLY	\$3.75	
EMPLOYEE + SPOUSE/DP <sup>1</sup>	\$5.00	
EMPLOYEE + CHILD(REN)	\$6.00	
EMPLOYEE + FAMILY <sup>1</sup>	\$9.25	

<sup>&</sup>lt;sup>1</sup> Coverage for domestic partners is offered post-tax. Cox's contribution for the medical plan is also considered taxable earnings by the IRS.

This is intended as an overview. The company reserves the right to change or modify any or all costs shown without prior notice.

