

Star Tribune is pleased to offer a voluntary vision plan. EyeMed's vision care benefits include coverage for eye exams, standard lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the EyeMed network. When you use an out-of-network provider, you will have to pay more for vision services.

In-network providers include private practitioners as well as selected chains, including Target Optical, LensCrafters, Pearle Vision, and Cohen's Fashion optical. To locate a provider, visit www.eyemed.com.

|   | In-network      | Out-of-network reimbursement |
|---|-----------------|------------------------------|
| Eye exam (once per 12 months) Preventive eye exams are also covered under the medical plan at in-network providers. | \$10 copay      | Up to \$40                   |
| Frames  | \$150 allowance | Up to \$105                  |
| Fit and follow-up exams   | \$40 copay      | N/A                          |
| Standard lenses (once per 12 months)  |                 |                              |
| Single vision   | \$25 copay      | Up to \$30                   |
| Bifocal   | \$25 copay      | Up to \$50                   |
| Trifocal  | \$25 copay      | Up to \$70                   |
| Lenticular  | \$25 copay      | Up to \$70                   |
| Contact lenses (once per 12 months)   |                 |                              |
| Medically necessary   | \$0 copay       | Up to \$210                  |
| Elective  | \$150 allowance | Up to \$105                  |

## Value adds

- 40% off additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used
- 20% off any item not covered by the plan, including non-prescription sunglasses
- LASIK or PRK from US Laser Network 15% off retail price or 5% off promotional price
- Amplifon Hearing Health Care Network 40% off hearing exams and a low price guarantee on discounted hearing aids

## Employee monthly vision payroll contributions

## Effective January 1, 2024

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|----------------------------|----------------------|--|
|                            | Monthly contribution |  |
| Employee                   | \$7.60               |  |
| Employee + spouse          | \$14.42              |  |
| Employee + child(ren)      | \$15.18              |  |
| Family                     | \$22.32              |  |

- You can elect the EyeMed vision plan regardless of whether you are enrolled in the medical or dental plan.
- You will receive a printed ID in your welcome packet but can also access your electronic ID card via the EyeMed app.
- This is a voluntary benefit, so employees pay 100% of the cost through pretax payroll deductions.