LOUISIANA SHERIFFS' ASSOCIATION

SCHEDULE OF VISION BENEFITS

PLAN NAME		PLAN NUMBER
Louisiana Sheriffs' Association Vision Plan – Employee Plan 1		722XXFF4
PLAN'S ORIGINAL BENEFIT PLAN DATE	**PLAN'S AMENDED BENEFIT PLAN DATE**	**PLAN'S ANNIVERSARY DATE**
July 1, 2015	July 1, 2024	July 1

NETWORK COVERED BENEFITS

BENEFIT AND FREQUENCY	PLAN PARTICIPANT RESPONSIBILITY
Routine Eye Health Examination Inclusive of Dilation – Once every twelve (12) months	$0 Copay
Spectacle Lenses – One (1) per eye every twelve (12) months	$15 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	
• Children under nineteen (19) years old	Included
• Monocular Plan Participants	Included
• Plan Participants with Prescriptions not more than +/-6.00 diopters	Included
• Adults not mentioned above	$30 Network pricing
Fashion and Gradient Tinting of Plastic Lenses	Included
Ultraviolet Coating	$12 Network pricing
Anti-Reflective (AR) Coating	
• Standard	$35 Network pricing
• Premium	$48 Network pricing
• Ultra	$60 Network pricing
Progressive Lenses	
• Standard	$50 Network pricing
• Premium	$90 Network pricing
• Ultra	$140 Network pricing
Intermediate-Vision Lenses	$30 Network pricing
Blended-Segment Lenses	$20 Network pricing
High-Index Lenses	$55 Network pricing
Polarized Lenses	Included
Photochromic Glass Lenses	Included
Plastic Photosensitive Lenses	Included

Scratch Protection Plan	
• Single Vision	$20 Network pricing
• Multifocal Lenses	$40 Network pricing
Eyeglass Frames – One (1) every twenty-four (24) months	
Non-Collection Frames	Up to $150 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 Network pricing
Contact Lenses in lieu of Eyeglasses – One (1) per eye every twelve (12) months	
Standard Contact Lenses	
• Materials only	Up to $130 Allowance Plus a 15% discount* on any overage
• Evaluation, Fitting and Follow-up Care	Included
Specialty Contact Lenses	
• Materials only	Up to $130 Allowance Plus a 15% discount* on any overage
• Evaluation, Fitting and Follow-up Care	Up to $60 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

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.
Non-Network Benefits are not available under this Plan.

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