

Vision Coverage and Costs (Union)

Vision Plan

In 2023, Diageo will continue to offer vision coverage through EyeMed. The ACCESS Network provides coverage for several vision services, including routine vision exams, lenses, frames, contact lenses and laser vision correction. With this plan, you can use in or out of network providers, but you will save money by using ACCESS in-network providers. In addition to lower out-of-pocket costs, an in-network provider usually submits all claim forms on your behalf.

When considering whether or not to enroll in EyeMed vision coverage, it's important to remember that you may save on your vision expenses by using the Health Care FSA to pay for your vision expenses with pre-tax dollars.

To find out whether a provider is a member of the EyeMed ACCESS Network, call **1-866-723-0596**, or log in to **www.eyemed.com** and use the Enhanced Provider Locator.

	In-Network	Out-of-Network
Vision Exam*	\$10 copay	Up to \$35 reimbursement
Frames*	\$0 copay; \$100 allowance; 80% of balance over \$100	Up to \$45 reimbursement
Lenses*		
Single Vision	\$10 copay	Up to \$25 reimbursement
Bifocal	\$10 copay	Up to \$40 reimbursement
Trifocal	\$10 copay	Up to \$55 reimbursement
Lens Options**		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	
Standard Plastic Scratch Coating	\$15	
Standard Polycarbonate	\$40	
Standard Anti-Reflective Coating	\$45	
Standard Progressive (Add-on to Bifocal)	\$65	
Other Add-ons and Services	20% off retail price	

* Covered once every 12 months

** Paid by the member and added to the base price of the lens

*** Visits are available once a comprehensive eye exam has been completed

Note: Only lenses OR contacts are covered every 12 months.

	In-Network	Out-of-Network
Contact Lenses*		
Conventional	\$0 copay; \$115 allowance, plus 15% off retail price over \$115	Up to \$92 reimbursement
Disposable	\$0 copay; \$115 allowance, plus 15% off retail price over \$115	Up to \$92 reimbursement
Medically Necessary	\$0 copay; paid-in-full	Up to \$200 reimbursement
Contact Lens Fit and Follow-up***		
Standard	Up to \$55	N/A
Premium	10% off retail price	N/A
Laser Vision Correction		
Lasik or PRL from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A

* Covered once every 12 months

** Paid by the member and added to the base price of the lens

*** Visits are available once a comprehensive eye exam has been completed

Note: Only lenses OR contacts are covered every 12 months.

Vision Coverage Costs

In 2023, your contributions for vision coverage will remain the same. There are differences in costs when covering a spouse versus a child. Therefore, it is important to ensure your contributions accurately reflect who is being covered. If you are covering a Domestic Partner (DP) under your plan, his or her vision care coverage premium is taxable. If you are an eligible new hire, coverage contribution will be deducted for the full monthly premium from your eligibility date.

Coverage Tiers	EYEMED
	2023 Monthly Contribution
Employee Only	\$0.47
Employee + Spouse	\$0.90
Employee + Child(ren)	\$0.94
Family	\$1.39