

8. VISION INSURANCE – The following amounts are allowed every **TWO YEARS**:

- A. Examinations = \$33
- B. Frames = \$32
- C. Lenses:
 - 1. Single vision = \$42
 - 2. Bifocal = \$65
 - 3. Trifocal = \$75
 - 4. Progressive = \$80
 - 5. Contacts = \$90 (in lieu of frames/lenses)
- D. Contact Fitting = \$20

It is understood that this is only a broad overview of the benefit plans at the Kohler Co. For more detailed information, please refer to your Employee Benefits handbook or call UAW Local 833 or the Kohler Konnect information line at these extensions:

	Extension
UAW Local 833.....	77833
Dental Insurance (enrollment, eligibility).....	74900
Disability Insurance	74900
Life Insurance	74900
Medical Insurance (enrollment, eligibility).....	74900
Pension & 401(k) Plan	74900
Vision Insurance	74900
Other Inquiries.....	74900

Medical – Managed Choice POS Plan – Aetna
(claims, primary care physician,
precertification)..... 1-800-334-1435

Dental – DentalBlue PPO Plan – Blue Cross & Blue Shield
(claims, predetermination). 1-888-780-2687