

**City of Renton - Group 4034**  
**Plans: 4034A, 4034AB, 4034V and 4034DV**

**Benefits Effective 1/1/2023 - 12/31/2023**

**Note: Benefits quoted and pre-authorizations obtained are not a guarantee of claim payment.**  
**Claim payment will be based upon eligibility at the time of service and all the terms and conditions of the plan.**  
**Out of Network services are subject to usual and customary allowances.**

<b>Vision</b>	<b>Preferred</b>	<b>Participating</b>	<b>Out of Network</b>	<b>Comments</b>
Exams	Paid at 100%	Paid at 100%	\$30 copay, Paid at 100%	Limited to one exam per calendar year. The copay applies toward the Medical out of pocket maximum. Note: Contact lens fitting fees are paid under this benefit.
Hardware	Paid at 100%	Paid at 100%	Paid at 100%	Limited to a \$650 maximum every 2 calendar years. * The benefit works as follows: The benefit of \$650 is based upon a 24-month period beginning the first of January of even years, and ending the end of December of odd years. For example, employees are eligible for one benefit amount in 2018/2019, one benefit in 2020/2021, and so on. Any benefits not used during the applicable benefit period are forfeited. “Options” and “extras” such as UV protection are covered.
Laser Eye Surgery	Paid at 100%	Paid at 100%	Paid at 100%	Limited to a lifetime maximum of \$1,000 per eye. The additional \$650 hardware benefit can also be applied toward the laser eye surgery benefit.