

Vision Benefits

Insured through EyeMed

Website: <http://www.eyemed.com>

Network: Insight Network

	EyeMed	
	In-Network	Out-of-Network
Covered Materials		
Copays		
Examination	\$0 copay at PLUS Provider \$10 copay at all other providers	Up to \$40
Lenses		
Single Vision Lenses	\$25 copay	Up to \$30
Bifocal Lenses	\$25 copay	Up to \$50
Trifocal Lenses	\$25 copay	Up to \$70
Frames		
Frame Allowance	\$180 at PLUS Provider and \$130 at all other providers	Up to \$91
	20% discount thereafter	
Contact Lenses		
Medical Necessary	Covered in full after copay	Up to \$300
Elective	\$110 allowance	Up to \$77
Benefit Frequency		
Examinations	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 12 months	
Contacts (in lieu of Lenses and Frames)	Once every 12 months	

Bi-Weekly Premium	
Colleague Only	\$3.30
Colleague + Spouse/DP	\$6.92
Colleague + Child(ren)	\$8.12
Colleague + Family	\$11.98

