

Vision Benefits

EyeMed

What You Need to Know

Vision benefits are so much more than an eye exam. They help you save money, stay healthy and see everything life has to offer. **EyeMed** is our vision vendor, and their network includes thousands of independent providers, as well as the nation's leading optical retailers, such as LensCrafters, Pearle Vision and Target.

Benefits	In-Network	Out-of-Network Reimbursement**
Exam at PLUS Providers	\$0 copay	Up to \$50
Exam at Other Providers	\$10 copay	
Frames	\$0 copay; \$175 allowance; 20% off balance over \$175	Up to \$88
Any Available Frame at PLUS Providers	\$0 copay; \$225 allowance; 20% off balance over \$225	
Lenses Single Vision Bifocal Trifocal	\$10 copay	Up to \$50 Up to \$75 Up to \$100
Premium/Custom/ Progressive Lenses Tier 1 Tier 2 Tier 3 Tier 4	\$85 copay \$95 copay \$110 copay \$65 copay; 80% of charge less \$120 allowance	Up to \$75
Contact Lenses Conventional Disposable	 \$0 copay; \$175 allowance; 15% off balance over \$175 \$0 copay; up to \$175 allowance	 Up to \$140 Up to \$140
Contact Lenses at PLUS Providers Conventional Disposable	 \$0 copay; 15% off balance over \$225 \$0 copay; up to \$225 allowance	 Up to \$140 Up to \$140
Medically Necessary Contact Lenses	\$0 copay; paid in full	Up to \$210
Frequency Exam Lenses Contacts Frames*	Once every calendar year	

* Plan reimburses you directly for care upon receipt of claim information.

** Plan allows member to receive either contacts or frames and lens services.

Vision — Per-Pay (Bi-Weekly) Contributions

Coverage Tier	EyeMed Vision Plan
Employee Only	\$3.45
Employee + Child(ren)	\$6.63
Employee + Spouse	\$5.12
Family	\$9.75

Vision Plan Questions?

Contact EyeMed at
866.800.5457
or visit eyemed.com.