

Vision (Powered by EyeMed)



Our comprehensive vision plan provides affordable coverage for employees. It includes allowances for eye exams, lenses, frames, and contacts. With the extensive EyeMed Insight network, we offer access to 154,000 providers.

Vision Plan Options – Copay Type

Plan Design Features	In Network	Out of Network Reimbursement*
Exam with Dilation as Necessary	Copay \$0 / \$10	\$30
Lenses <ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal • Lenticular • Standard Progressive Lenses 	Copay <ul style="list-style-type: none"> • \$0 / \$10 / \$25 • \$0 / \$10 / \$25 • \$0 / \$10 / \$25 • \$0 / \$10 / \$25 • \$65 / \$75 / \$90 	<ul style="list-style-type: none"> • \$5 / \$18 • \$15 / \$28 • \$33 / \$45 • \$33 / \$45 • \$15 / \$28
Contact Lenses <ul style="list-style-type: none"> • Conventional • Disposable • Medically Necessary 	<ul style="list-style-type: none"> • \$100 / \$130 / \$150 allowance; 15% off balance over allowance • \$100 / \$130 / \$150 allowance; balance over allowance • No cost 	<ul style="list-style-type: none"> • \$80 / \$120 • \$80 / \$120 • \$210
Frames	\$100 / \$130 / \$150 allowance; 20% off balance over allowance	\$50 / \$75
Contact Lenses fittings and follow up** <ul style="list-style-type: none"> • Standard • Premium 	<ul style="list-style-type: none"> • Standard • Premium 	<ul style="list-style-type: none"> • Not Covered or \$40 • Not Covered or \$40
Retinal Imaging Benefit	Up to \$39	Not Covered
Laser Vision Correction Discount Program (Lasik or PRK from U.S. Laser Network)	<ul style="list-style-type: none"> • 15% off Retail Price • 5% off Promotional Price 	No Discount
Frequency <ul style="list-style-type: none"> • Examination • Frame & Lenses, Contact Lenses 	<ul style="list-style-type: none"> • Once every 12 months • Once every 12 or 24 months 	

Vision Plan Options – Allowance Type

Plan Design Features	In Network	Out of Network Reimbursement*
Exam with Dilation as Necessary	\$10	\$30
Frames	\$200 / \$300 allowance; 20% off balance over allowance	\$100 / \$150
Contact Lenses <ul style="list-style-type: none"> • Conventional • Disposable • Medically Necessary 	<ul style="list-style-type: none"> • \$200 / \$300 allowance; 20% off balance over allowance • \$200 / \$300 allowance; balance over allowance • No cost 	<ul style="list-style-type: none"> • \$160 / \$240 • 160 / \$24 • \$210
Laser Vision Correction Discount Program (Lasik or PRK from U.S. Laser Network)	<ul style="list-style-type: none"> • 15% off Retail Price • 5% off Promotional Price 	No Discount
Frequency <ul style="list-style-type: none"> • Examination • Frame & Lenses, Contact Lenses 	<ul style="list-style-type: none"> • Once every 12 months • Once every 12 months 	
Included Options for Lenses Available to Members at a Discounted Fee		
<ul style="list-style-type: none"> • UV Treatment • Tint (Solid and Gradient) • Standard Plastic Scratch Coating 	<ul style="list-style-type: none"> • Standard Polycarbonate - Adults • Standard Polycarbonate - Children under 19 • Standard Anti-Reflective Coating 	<ul style="list-style-type: none"> • Polarized • Photochromatic/Transitions Plastic • Premium Anti Reflective

*Member Reimbursement Out of Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. **Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.