## Vision

The Vision insurance is administered through **EyeMed**. Using the vision plan saves you money on routine eye exams and eye care items. Please visit <a href="https://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a> to access the provider directory and additional tools and resources.

Regular vision exams can help detect signs of:

- Diabetes
- High cholesterol
- Tumors
- Thyroid



Vision Coverage		
In-Network		
Copays (Exams/Materials)	\$10 / \$15	
Annual Exam	\$10 copay	
Frequency	12 / 12 / 12	
Frame Allowance	\$150	
Lenses (Single/Bifocal/Trifocal)	\$15 copay	
Contact Lenses		
Contact Lens Fit & Follow Up (Std/Prm)	Up to \$55 / 10% off retail	
Contact Lenses - Elective	\$130	
Contact Lenses - Medically Necessary	100%	
Out-of-Network Reimbursement		
Annual Exam	Up to \$40	
Frames	Up to \$91	
Lenses (Single/Bifocal/Trifocal)	Up to \$30 / \$50 / \$70	
Contacts (elective)	Up to \$130	
	Monthly Rates	Bi-Weekly
Single	\$8.14	\$3.76
EE + Spouse	\$14.26	\$6.58
EE + Child(ren)	\$17.12	\$7.90
Family	\$21.19	\$9.78

This summary of benefits is provided for informational purposes only. In the event of a conflict between this benefits summary and the Summary Plan Description (SPD), the SPD will prevail