



2024

BENEFITS

VISION PLAN

The Vision Plan is administered by EyeMed. To locate a provider near you, visit eyemedvisioncare.com.

This plan is purchased separately from the medical coverage.

		MEMBER COST	REIMBURSEMENT
		In-Network	Out-of-Network
Annual Exam		Covered 100%	Covered 100%
Contact Lens Fit			
	Standard	Up to \$40	N/A
	Premium	10% off retail price	N/A
Frames			
		\$150 allowance	Up to \$80
		80% off balance over \$150	
Standard Plastic Lenses			
	Single Vision	\$15	Up to \$70
	Bifocal	\$15	Up to \$80
	Trifocal	\$15	Up to \$90
	Standard Progressive Lens	\$50	Up to \$80
	Premium Progressive Lens	\$50	Up to \$80
		\$120 allowance is combined for standard and contact lenses	
Contact Lenses			
	Conventional	\$120 allowance 15% off balance over \$120	Up to \$120
	Disposables	\$120 allowance	Up to \$120
		\$120 allowance is combined for standard and contact lenses	
Frequency			
	Exam	Once every calendar year	
	Frames	Once every calendar year	
	Standard Plastic Lenses OR Contact Lenses	Once every calendar year	