

Effective July 1, 2025

Carrier Name	EyeMed Vision Care		Vision Service Plan	
Plan Name	Plan D 12/12/24/\$10		Plan B 12/12/24/\$10 (CSVC)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>General Plan Information</b>				
<b>Copay</b>				
Deductible	\$10	\$10	\$10	\$10
Deductible Amount	\$10	\$10	\$10	\$10
Examination	100%	Up to \$40	100%	up to \$50
<b>Benefit Frequency</b>				
Examination	12 months	12 months	12 months	12 months
Lenses	12 months	12 months	12 months	12 months
Frames	24 months	24 months	24 months	24 months
Contacts	12 months	12 months	12 months	12 months
<b>Covered Services</b>				
<b>Lenses</b>				
Single Vision Lens	100%	Up to \$30	100% up to 61mm	up to \$50
Bifocal Lens	100%	Up to \$50	100%	up to \$75
Lenticular	100%	Up to \$70	100%	Up to \$125
Basic Progressive	100%	Up to \$50	100%	Up to \$75
<b>Lens Options</b>				
UV Coating	Up to \$15	Not covered	100%	Not covered
Tint (Solid and Gradient)	Up to \$15	Not covered	Not covered	Not covered
Scratch Resistance	Up to \$15	Not covered	Not covered	Not covered
Basic Polycarbonate	Up to \$40, 100% for anyone under 19 years of age	Up to \$20 for anyone under 19 years of age	Not covered, Covered for children	Not covered
Standard Anti-Reflective	\$45 copay	Up to \$23	All Anti-reflective coatings covered after \$35 copay	Not covered
Other Add-Ons and Services	20% off retail price	Not covered	Average 40% discount for all other enhancements	Not covered
<b>Contact Lenses</b>				
Medically Necessary	100%	Up to \$300	100% in lieu of all other eyewear	up to \$210 in lieu of all other eyewear
Elective	100% up to \$125 retail	Up to \$88	up to \$105 in lieu of all other eyewear	up to \$250 in lieu of all other eyewear
Frames	100% up to \$125 retail	Up to \$88	100% up to \$150/\$170 Brand	up to \$70
<b>Other Services</b>				
Corrective Vision Services (e.g. Laser Surgery)	20% off retail or 5% off promo price	Not covered	Discounts see VSP.com/offers	Not covered
Second Pair of Glasses	Not covered	Not covered	20% discount	Not covered