

Effective July 1, 2025

Carrier Name

Plan Name

	EyeMed Vision Care		Vision Service Plan	
	Plan D 12/12/24/\$20		Plan B 12/12/24/\$25 (CSVC)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
General Plan Information				
Copay				
Deductible	\$20	\$20	\$25	\$25
Deductible Amount	\$20	\$20	\$25	\$25
Examination	100%	Up to \$40	100%	Up to \$50
Benefit Frequency				
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
Covered Services				
Lenses				
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% for aphakic monofocal/multifocal	Up to \$125
Basic Progressive	100%	Up to \$50	100%	Up to \$75
Lens Options				
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	Not covered
Other Add-Ons and Services	20% off retail price	Not covered	Average 40% discount for all other enhancements	Not covered
Contact Lenses				
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 \$105 in lieu of all other eyewear
Frames	100% up to \$125 retail	Up to \$88	up to \$150; \$170 Featured Brands	Up to \$70
Other Services				
Corrective Vision Services (e.g. Laser Surgery)	15% 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%	Not covered

CONFIDENTIAL: The information in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The information described on this page is only intended to be a summary of your benefits. It does not include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the SPD, the contract provisions of the appropriate policy or plan document (available through your employer) will prevail.