Vision Coverage

Our vision plan offers quality care to help preserve your health and eyesight. Regular exams can detect certain medical issues such as diabetes and high cholesterol, in addition to vision and eye problems.

You may seek care from any vision provider, but the plan will pay the highest level of benefits when you see in-network providers.

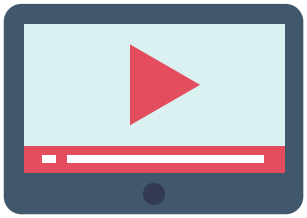
Vision Benefits Summary

VISION PLAN	
	In-Network You Pay
Exam	$10 copay
Lenses • Single vision • Lined bifocals • Lined trifocals • Lenticular	 $25 copay $25 copay $25 copay $25 copay
Frames	$0 Co-pay; $130 allowance; 20% off balance over $130
Contacts In lieu of frames and lenses • Fitting and follow-up • Elective • Medically necessary	 Up to $55 $0 Copay; $130 allowance; 15% off balance over $130 Covered in full
Benefit Frequency	
Exam	Once every 12 months
Lenses	Once every 12 months
Frames	Once every 24 months
Contacts	Once every 12 months
Employee Monthly Contributions	
Employee Only	$5.78
Employee and One Dependent	$10.97
Employee and Two or More Dependents	$16.11

Find an In-Network Provider

Visit **www.eyemed.com**.

Call **866-804-0982**.



Watch and learn more!