Vision

Eligibility:

- Full time employees working 20+ hours per week
- Spouse and Children (up to age 26) (Marital status does not affect child coverage)
- Claims must be submitted within 90 days of service
- Please find in-network providers in the Employee Navigator benefits portal

Benefit	EyeMed	EyeMed Out of Network
Annual Eye Exam	Covered in full after copayment	Up to $35 after copayment
Single Vision Lenses	Covered in full after copayment	Up to $25 after copayment
Bifocal Lenses	Covered in full after copayment	Up to $40 after copayment
Trifocal Lenses	Covered in full after copayment	Up to $55 after copayment
Lenticular Lenses	20% Discount	No Benefit
Frames	$130	$65
Contacts—Elective *	Up to $130	Up to $104

*If you choose contact lenses, no benefits will be available for covered eyeglass lenses during that period

Co-Payments:
$10 for exams
$25 for Materials

Exams/Lens/Frames:
Every 12/12/24 months

Please view the list of in-network providers in the HR Portal!

Employee	Employee + 1 Dependent	Family
$5.45	$10.35	$15.19