

Summary of EyeMed Vision - All Benefit Eligible Employees

		EyeMed		
		In-Network	Allowance	Out-of-Network Allowance
Benefit	Frequency			
Exam	Once Every 12 Months	\$20 copay \$0 copay, PLUS provider		\$20 copay Up to \$60 ophthalmologic Up to \$50 optometric
Lenses	One Pair Every 12 Months	100% (single, bifocal, trifocal & standard progressive)		Up to \$43, single Up to \$60, bifocal Up to \$75, trifocal & standard progressive
Frames	One Pair Every 24 Months	100% up to \$125 Up to \$175, PLUS provider		Up to \$40
Contacts (in-lieu of lenses & frames)	One Pair Every 12 Months	100%, medically necessary \$125, elective		Up to \$250, medically necessary Up to \$125, elective