

Vision Plan		
Doctor Selection	In-Network (EyeMed Access Network)	Out-of-Network
Deductible	Exam: \$10 Materials: \$25	Exam: \$10 Materials: \$25
Vision Exam (every 12 months)	No charge after deductible	Up to \$45 reimbursement
Lenses (every 12 months)	Single, bifocal, trifocal: No charge Lenticular: 20% discount	\$40 to \$100 reimbursement based on lens options
Frames (every 24 months)	\$130 allowance; 10% discount on remaining balance	Up to \$70 reimbursement
Contact Lenses (every 12 months, instead of eyeglass lenses)	Elective: \$130 allowance Medically necessary: No charge	Elective: Up to \$105 reimbursement Medically necessary: Up to \$210 reimbursement

Monthly Cost:	Vision Plan
Employee	\$6.15
Employee & Spouse	\$11.69
Employee & Child(ren)	\$12.30
Employee & Family	\$18.09