

EyeMed Vision Benefits

Frequency	12 months
Well Vision Exam	\$10 copay
Frames	\$130 allowance, 20% off balance over allowance
Single Vision Lenses	\$25 copay
Lined Bifocals Lenses	\$25 copay
Lined Trifocal Lenses	\$25 copay
Lenticular Lenses	\$25 copay
Progressive Lenses	\$80-\$200 (varies based on tier)
Elective Contact Lenses (in lieu of lenses and frames)	Covered up to \$130 allowance
Contact Lens Fitting and Evaluation	Standard: \$40 Premium: 10% off retail price

Providers

Below is a link to EyeMed providers. We will be utilizing the **Insight** network.

<https://www.eyemedvisioncare.com/locator>

Employee Monthly Cost

Single Coverage	\$2.00
Family Coverage	\$6.00