

Vision Plan

Vision coverage is provided at no additional cost to Benefit Recipients enrolled in any of the CIP health plans. All Benefit Recipients and enrolled Dependent Beneficiaries have the same vision coverage regardless of the health plan selected. All vision benefits are available once every 24 months from the last date used. Co-payments are required.

Service	Network Provider Benefit	Out-of-Network Provider Benefit**
Eye Exam	\$10 co-payment	\$20 allowance
Spectacle Lenses* (single, bifocal and trifocal)	\$10 co-payment	\$20 allowance for single vision lenses \$30 allowance for bifocal and trifocal lenses
Standard Frames	\$10 co-payment (up to \$90 retail frame cost; plan participant responsible for balance over \$90)	\$20 allowance
Contact Lenses (All contact lenses are in lieu of standard frames and spectacle lenses)	\$20 co-payment for medically necessary \$50 co-payment for elective contact lenses \$70 allowance for all other lenses not mentioned above	\$70 allowance

* Spectacle Lenses: Plan participant pays any and all optional lens enhancement charges. Network providers may offer additional discounts on lens enhancements and multiple pair purchases.

** Out-of-network claims must be filed within one year from the date of service.



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