

VISION PLAN

All members and enrolled dependents 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. For information regarding the vision plan, contact the plan administrator, EyeMed Vision Care at (866) 723-0512, (800) 526-0844 (TTD/TTY) or by visiting their website and logging in as a member at www.eyemedvisioncare.com.

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 (for frames within the benefit selection)	\$20 allowance
Contact Lens (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