

Voluntary Vision | EyeMed

In-Network Services	Amount You Pay
Exam	\$10 Copay
Materials	\$25 Copay
Frames	Up to \$100 Allowance 20% Off Balance over Allowance
Frequency (based on date of service) - Exams - Lenses or Contact Lenses - Frames	12 Months 12 Months 12 Months
Lenses - Single - Bifocal - Trifocal - Progressive (Standard/Premium)	Materials Copay Materials Copay Materials Copay Materials Copay, then 20% Off Retail Price less \$55 Allowance
Contact Lenses - Conventional - Medically Necessary	Up to \$115 Allowance, then 15% Off Balance over Allowance Covered at 100%
Laser Vision Correction	Discounts available

Note: You may only receive benefits for either contact lenses or lenses for your glasses in a given year (but not both); however additional discounts will be available.

Payroll Deductions – 24 Pay Periods				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Employee Cost Per Pay Period	\$2.87	\$5.44	\$5.71	\$8.41

For a list of in-network providers, go to: www.eyemed.com/en-us