

# Vision Benefits

## EyeMed

The EyeMed plan offers comprehensive vision coverage with minimal premiums for employees. With this plan, you have the option of using both in-network and out-of-network providers. You can only obtain eyeglasses or contact lenses within a 12-month period; you cannot obtain both.

## 2018 Vision Benefits at a Glance

Please see the chart below for a more in-depth description of coverage with EyeMed. Employees are encouraged to register online at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and create their accounts to view claims and obtain ID cards.

EyeMed Vision Care		
Services	In-Network	Out-of-Network
Exam w/ Dilation (Every 12 Months)	\$10 copay	Up to \$39
Contact Lens Fit & Follow-Up (Every 12 Months)		
Standard Contact Fit	Up to \$55	N/A
Premium Contact Fit	10% off retail	N/A
Frames (Every 12 Months)	\$0 copay; \$150 allowance, plus 80% of balance over \$150	Up to \$75
Contact Options		
Conventional	\$0 copay; \$150 allowance, plus 85% of balance over \$150	Up to \$120
Disposable	\$0 copay; \$150 allowance, plus balance over \$150	Up to \$120
Medically Necessary	\$0 copay; paid in full	Up to \$210
Laser Vision Correction (Lasik or PRK from US Laser Network)	15% off retail price or 5% off promotional price	N/A

## 2018 Vision Rates

Biweekly Employee Contribution	Employee - \$2.79	Employee & Spouse - \$5.58
	Employee & Child(ren) - \$5.96	Employee & Family - \$9.12