EyeMed Vision Insurance
Summary of Costs and Benefits
January 1, 2024 to December 31, 2024

	Rates Per Pay Period (20 Paydates)
	Enhanced Vision Plan
Employee Only	$5.27
Employee + Spouse	$10.01
Employee + Child(ren)	$10.54
Employee + Family	$15.49

Plan Details	In-Network Benefits
Exam Copay and Frequency	$10 Copay Once Every 12 Months
Lenses Copay and Frequency (In Lieu of Contacts)	
Single	$25 Copay Once Every 12 Months
Bifocal	$25 Copay Once Every 12 Months
Trifocal	$25 Copay Once Every 12 Months
Progressive - Standard	$25 Copay Once Every 12 Months
Progressive - Premium	$25 Copay Plus 20% Retail Price Less $120 Allowance, Once Every 12 Months
Frame Allowance and Frequency	$150 Allowance Once Every 12 Months
Elective Contact Allowance and Frequency (In Lieu of Glasses)	
Conventional	$150 Allowance Once Every 12 Months
Disposable	$150 Allowance Once Every 12 Months
Medically Necessary	$0 Copay; Paid in Full Once Every 12 Months