

Vision	In-network (EyeMed provider)	Out-of-network (Non-EyeMed provider)
Annual deductible	\$0	\$0
Eye exams (every 12 months)	You pay \$10 copay	Plan pays up to \$45
Frames (every 24 months)	You pay \$0 copay (up to \$120 retail, then 20% off)	Plan pays up to \$50
Lenses (every 12 months)		
Single vision	You pay \$10 copay	Plan pays up to \$40
Bifocals	You pay \$10 copay	Plan pays up to \$55
Trifocals	You pay \$10 copay	Plan pays up to \$70
Standard progressive	You pay \$10 copay	Plan pays up to \$55
Contact lenses (materials only)		
Conventional	Plan pays up to \$120 (15% off balance over \$120)	Plan pays up to \$120
Disposable	Plan pays up to \$120	Plan pays up to \$120
Medically necessary	Plan pays 100%	Plan pays up to \$210
Additional pairs	Once above benefits used, receive 40% off eyeglasses and 15% off conventional contacts	N/A