

# 2026 EMPLOYEE BENEFITS

## VISION BENEFITS

The vision plan provides coverage for exam services, frames, lenses, and contacts. Your coverage under the vision plan depends on the services you plan to utilize. Below provides an overview of plan benefits. Please refer to the Summary Plan Description for additional information.

Plan Provision	In-Network PLUS Providers	In-Network	Out-of-Network*
<b>EXAMS</b>			
- Annual Eye Exam	\$0 copay Up to \$39	\$10 copay Up to \$39	Up to \$30 Not covered
- Retinal Imaging			
<b>FRAMES</b>	20% off balance over \$200 allowance	20% off balance over \$150 allowance	Up to \$75
- Frame Allowance			
<b>STANDARD PLASTIC LENSES (in lieu of contacts)</b>			
- Single Vision	\$25 copay	Up to \$25	
- Bifocal	\$25 copay	Up to \$40	
- Trifocal/Lenticular	\$25 copay	Up to \$55	
- Progressive – Standard	\$25 copay	Up to \$55	
- Progressive – Premium Tier I, II, or III	\$45 - \$70 copay	Up to \$55	
- Progressive – Premium Tier IV	\$25 copay; 20% off retail price less \$120 allowance	Up to \$55	
<b>LENS OPTIONS</b>			
- Polycarbonate – Standard <19 years of age	\$0 copay	Up to \$5	
- Polycarbonate – Standard >19 years of age	\$40 copay	Not covered	
- Scratch Coating – Standard Plastic	\$0 copay	Up to \$5	
- Anti-Reflective Coating – Standard	\$45 copay	Not covered	
- Anti-Reflective Coating – Premium Tier I	\$57 copay	Not covered	
- Anti-Reflective Coating – Premium Tier II	\$68 copay	Not covered	
- Anti-Reflective Coating – Premium Tier III	20% off retail price	Not covered	
- Photochromic – Non-Glass	\$75 copay	Not covered	
- Tint – Solid or Gradient	\$15 copay	Not covered	
- UV Treatment	\$15 copay	Not covered	
- All Other Lens Options	20% off retail price	Not covered	
<b>CONTACT LENSES</b>			
- Fit & Follow-Up – Standard	Up to \$40	Not covered	
- Fit & Follow-Up - Premium	10% off retail price	Not covered	
- Conventional	15% off balance over \$150 allowance	Up to \$120	
- Disposable	\$150 allowance	Up to \$120	
- Medically Necessary	\$0 copay; paid-in-full	Up to \$200	
<b>FREQUENCIES</b>			
- Exams	Once Every Calendar Year		
- Frames	Once Every Calendar Year		
- Lenses	Once Every Calendar Year		
- Contacts	Once Every Calendar Year		
<b>OTHER</b>			
- Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675 15% off retail or 5% off promo price; call	Not covered	
- LASIK or PRK from U.S. Laser Network	1.800.988.4221	Not covered	

\*Out-of-Network benefit shown represents maximum reimbursement amount available. Member will be responsible for out-of-pocket cost & can submit for reimbursement by Eyemed.

## MONTHLY VISION COVERAGE COST

	Full-Time	Part-Time
Employee Only	\$9.90	\$9.90
Employee + 1	\$18.80	\$18.80
Family	\$27.63	\$27.63

**EyeMed Website:**  
[member.eyemedvisioncare.com/member/en](http://member.eyemedvisioncare.com/member/en)  
**Network:** Insight Network



# Savings plus convenience plus choice

**PLUS** Providers add another layer of coverage

**\$0**

Exam copay

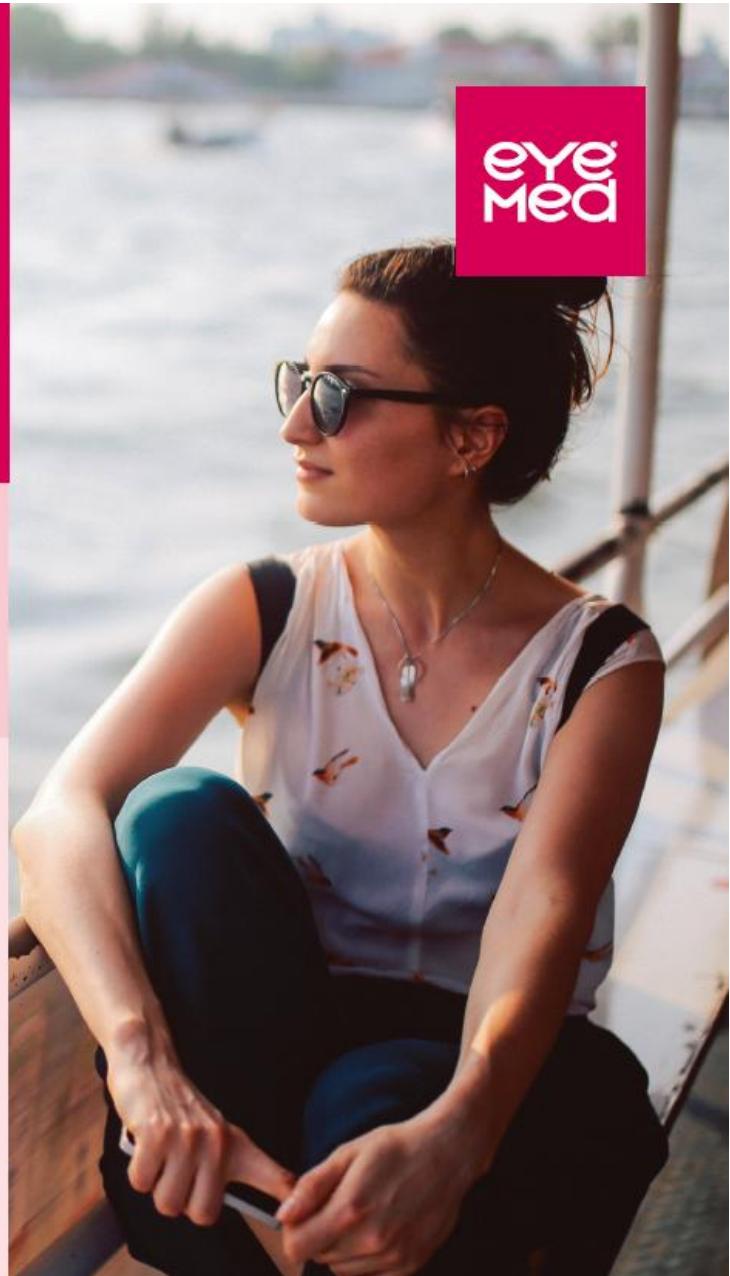
**\$200**

Frame allowance

Staying in-network helps you save money on eye exams, frames and lenses. Visiting a **PLUS** Provider is designed to help you save even more.

And since **PLUS** Providers are already in our network, the additional perks are built right into your vision benefits. No promo codes, no coupons, no paperwork. The same vision benefits, plus a little more savings.

**eye  
Med**



## The choice is yours

Find plenty of in-network eye doctors – including **PLUS** Providers – on our Provider Locator. Just look for the **PLUS**.

Need extra assistance? Contact us at 866.804.0982 or visit [eyemed.com](http://eyemed.com).

**INDEPENDENT  
PROVIDER  
NETWORK**



**LENSCRAFTERS<sup>®</sup>**

**PEARLE  
VISION<sup>®</sup>**

**OPTICAL**