



Your Vision Benefits

Vision Insurance.

Better vision for you and your dependents is just a blink away. The Vision coverage available to you helps pay for periodic eye exams, eyeglasses and contact lenses.

Coverage

	In-Network	Out of Network
Annual Eye Exam	\$10	\$40*
Frames (every 24 months)	\$25	\$45*
Prescription Lenses (every 12 months)		
Single	\$25	\$40*
Bifocal	\$25	\$60*
Trifocal	\$25	\$80*
Lenticular	\$25	\$80*
Contact Lenses (fit, follow up, materials every 12 months)		
Medically necessary	\$25	\$210*
Elective	\$25	\$105*
LASIK or PRK	Discounted	Discounted

*You will have to pay any amount that exceeds the Reasonable & Customary charges.
For a complete list of covered services, please refer to your "Summary Plan Description."