Vision Benefits			
	Еу	EyeMed	
	Network	Out-of-Network	
Eye Examinations	\$0 copay	Plan pays up to \$30 for ophthalmologists or optometrists	
Lenses (eligible once every calendar year)	\$10 copay	Plan pays up to: \$32 for single vision \$46 for bifocal \$57 for trifocal	
	Lens Options	•	
Standard progressive (add-on to bifocal)	Up to \$75 copay	Plan pays up to \$46	
UV Coating	Up to \$15 copay	You are responsible for the cost of any lens options that you elect from out-of-network providers,	
Tint (solid and gradient)	Up to \$15 copay		
Standard Scratch Resistance	Up to \$15 copay		
Standard Polycarbonate	\$0 copay		
Standard Anti-Reflective Coating	Up to \$45 copay		
Disposable	20% off retail price		
Frames (eligible once every calendar year)	\$200 allowance, 20% off balance over \$200	Plan pays up to \$47	
Co	ontact Lenses (eligible once every calendar year)	-	
Conventional	\$200 allowance, 15% off balance over \$200	Plan pays up to \$133	
Disposable	\$200 allowance, then you pay balance over \$200	Plan pays up to \$133	