

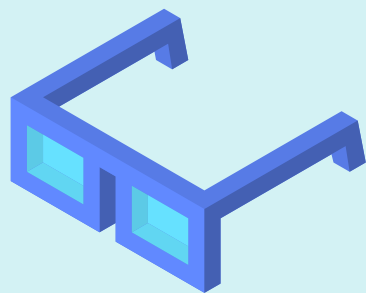


2025 Benefits Package

Vision

Frequency of Benefits and Co-pays

Frequency	
Exam every	12 months
Lenses every	12 months
Frames every	12 months
Contacts (instead of glasses)	12 months
Co-payments	
Exam	\$10
Materials	\$25
Contact lens fitting & evaluation	15% discount (not to exceed \$60)



Rates

	Employee Only	Employee Spouse	Employee Child(ren)	Employee Family
Weekly Rate	\$ 1.56	\$ 3.11	\$ 3.33	\$ 4.79



Allowances and Goodies

In-network allowances	
Retail frame value ^{1,2}	\$130 / 20% savings on amount over allowance
Elective contact lens materials	\$130
Covered lens enhancements	Polycarbonate for Children
Value added programs	
Diabetic Eyecare Plus Program SM	Included
Low vision	Included
Hearing aid discounts	Included
Health-focused care	Included
Diabetic exam reminder letters	Included
Out-of-network allowances	
Examination, up to	\$45
Single vision lenses, up to	\$30
Bifocal/progressive lenses, up to	\$50
Trifocal lenses, up to	\$65
Lenticular lenses, up to	\$100
Frames, up to	\$70
Elective contact lens materials and fitting/evaluation, up to	\$105
Necessary contact lenses, up to	\$210

Provider Lookup

