

Voluntary Vision Insurance

EyeMed

Employees have the opportunity to enroll in Voluntary Vision Insurance offered through EyeMed. You will find a benefit summary with the rates per pay period below. Please review the EyeMed booklet for more detailed information.

Tier	EyeMed Rates Per Pay Period	
Employee	\$3.43	
Employee + Spouse	\$6.52	
Employee + (Child)ren	\$6.86	
Family	\$10.09	
Benefits	In Network	Out of Network
Exam Copay	\$10	Up to \$40
Frames	\$0 Copay, \$130 allowance, 20% off balance over \$130	Up to \$91
Lenses		
Single	\$25 Copay	Up to \$30
Bifocal	\$25 Copay	Up to \$50
Trifocal	\$25 Copay	Up to \$70
Contact Lenses		
Conventional	\$0 Copay, \$130 allowance, 15% off balance over \$130	Up to \$130
Medically Necessary	No Charge	Up to \$210
Frequency (Exam/Lense/Frame)	12/12/24	

Additional Discounts

Employees can take advantage of: 40% off complete pair of prescription eyeglasses, 20% non-prescription sunglasses and 20% off remaining balance beyond plan coverage.

Provider Network

For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1-866-804-0982. For Lasik providers, call 1-877-5Laser6.