Vision

Vision coverage is available through EyeMed. The EyeMed Vision Care Plan utilizes the Insight Network and you may elect either a materials only plan, or an enhanced plan that offers more generous benefits, more frequent frames replacement, and covers eye exams. When receiving services at a PlusProvider only, you have access to a $0 Eye Exam on the Enhanced Plan, additional $50 frame allowance on both basic and enhanced plans and the ability to use the frame and contact lens allowances in the same benefit year.

Please visit **eyedoclocator.eyemedvisioncare.com**, select Insight Network, search for a provider, and look for the participating providers with a PLUS mark to access a PlusProvider near you.

Routine Vision exams are covered 100%, no copay, under all medical plans using a Network provider.

The Vision Care Plan offers discounts and copays for materials such as plastic lenses, lens options (UV treatment, scratch coating, etc.), frames, or contact lenses.

Note: You may elect vision coverage for 2026 whether or not you elect medical coverage.

In-network Benefits	Base Plan	Buy-up Plan
Network	Insight	Insight
PLUS Providers Exam	Not Covered	$0 copay
Other Providers Exam	Not Covered	$10 copay
Retinal Imaging	Not Covered	Up to $39 copay
Frames		
Benefit Frequency	Once every 24 months	Once every 12 months
PLUS Providers Frames	$0 copay; $180 allowance; 20% off balance	$0 copay; $225 allowance; 20% off balance
Other Providers Frames	$0 copay; $130 allowance; 20% off balance	$0 copay; $175 allowance; 20% off balance
Lenses		
Benefit Frequency	Once every 12 months	Once every 12 months
Single	$20 copay	$10 copay
Bifocals	$20 copay	$10 copay
Trifocals	$20 copay	$10 copay
Progressive Tier 1 | Tier 2 | Tier 3	$105 - $130 copay	$30 | $40 | $55
Progressive Tier 4	$85 copay; $120 allowance; 20% off balance	$10 copay; $120 allowance; 20% off balance
Contacts (in lieu of glasses)		
Benefit Frequency	Once every 12 months	Once every 12 months
Conventional	$0 copay; $130 allowance; 15% off balance	$0 copay; $175 allowance; 15% off balance
Disposable	$0 copay; $130 allowance; 100% off balance	$0 copay; $175 allowance; 100% off balance
Medically Necessary	No cost	No cost
Contact Lenses Fitting and Follow-up	Not Covered	Up to $40 copay
Laser Vision Correction	15% off the retail price or 5% off the promotional price	15% off the retail price or 5% off the promotional price