Vision

The University offers a comprehensive vision benefit through EyeMed to help you and your family maintain healthy vision. It's easy to find in-network care from local providers or major retail chains—just visit **eyedoclocator.eyemedvisioncare.com**, select Insight Network, search for a provider, and look for the participating providers with a PLUS mark to access a PLUS Provider near you.

IN-NETWORK BENEFITS	Basic Plan	Enhanced 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
LASIK or PRK from U.S. Laser Network: call 800-988-4221	15% off the retail price or 5% off the promotional price	15% off the retail price or 5% off the promotional price

MONTHLY COST	Basic Plan	Enhanced Plan
Employee	$4.32	$9.67
Employee + Spouse	$8.20	$18.38
Employee + Child(ren)	$8.64	$19.34
Employee + Family	$12.70	$28.43