

VISION

Voluntary Vision Insurance

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Vision benefit runs on a calendar year basis
(January 1 – December 31)

Administered by Avesis

Benefit	Avesis	
	In-Network	Out-Network
Eye Exams* (Every 12 months)	\$10 copay	Up to \$35
Prescription Glasses		
Standard Lenses	Covered in full after \$10 copay	Up to \$25 through \$80
Lens – Level 1 Progressive	Covered in full	Up to \$40
Lens – Level 2 Progressive	\$120 allowance	Up to \$40
Frames (Every 24 months)	Plan pays up to \$150	Up to \$50
Contact Lens Fit	Up to \$50 member OOP max	N/A
Contacts (Every 12 months)	Plan pays up to \$150	Up to \$128
Lasik Surgery	Onetime/lifetime \$150 allowance	Onetime/lifetime \$150 allowance

This is a general description of coverage. Actual coverage is subject to terms and conditions specified in the certificate of coverage and enrollment regulations in force when the certificate becomes effective. Certain exclusions and limitations apply.