

Your Vision benefits are provided by EyeMed. The information below is a brief summary of your plan's benefits. Additional information and forms can be found by going to the "Forms" page of this website.

	EyeMed Vision - \$10 Exam/\$25 Lenses 12/12/24
Carrier	EyeMed
Benefits	
Network	EyeMed
Frequency of Services	
Examinations	Once Every 12 months
Contact Lenses	Once Every 12 months
Frames	Once Every 24 months
Lenses	Once every 12 months
Services	
Examinations	\$10 copay
Single Vision Lenses	\$25 Copay
Bi-focal Lenses	\$25 Copay
Tri-Focal Lenses	\$25 Copay
Lenticular Lenses	\$25 Copay
Contact Lenses	\$130 Allowance
Frames	\$130 Allowance
Plan Documents	
Carrier Information	
Carrier Name	Eyemed
Customer Service Phone Number	1-866-289-0614
Claims Address	EyeMed Vision Services PO Box 8504 Mason, OH 45040-7111 Attn: Vision Care Department

The chart shown is only a brief summary of the plan's benefits. Please refer to the summary of benefits for a thorough description of

the plan benefits, limitations, exclusions and conditions of coverage.

Provided By:

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