

Voluntary Vision Insurance

Area supervisors, store managers, store assistant managers, and home office-based employees are eligible to participate in our vision plan.

When you are hired and during annual enrollment, you have the opportunity to sign up. Vision insurance is remaining with EyeMed. Below are the benefits and rates that will be effective on January 1, 2024.

EyeMed Current Plan		
	PPO	Out-of-Network Reimbursement
Copay		
Exam With Dilation as Necessary	\$10	Up to \$30
Exam With Standard Contact Lens Fit and Follow-Up	Up to \$40	N/A
Exam With Premium Contact Lens Fit and Follow-Up	10% off retail	N/A
Lenses		
Reimbursement		
Single	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$60
Lens Options		
Reimbursement		
UV Coating	\$15 copay	N/A
Tint (solid and gradient)	\$15 copay	N/A
Scratch Resistance	\$15 copay	N/A
Polycarbonate	\$40 copay	N/A
Progressive (standard/premium)	\$90 copay/\$120 allowance, plus 20% off balance over \$120	Up to \$40
Anti-Reflective	\$45 copay	N/A
Other Add-Ons and Services	20% off retail price	N/A
Frames	\$0 copay, \$130 allowance, 20% off balance over \$130	Up to \$65
Contacts		
Reimbursement		
Conventional	\$0 copay, covered up to \$130, 15% off balance over \$130	Up to \$104
Disposable	\$0 copay, \$130 allowance, plus 15% off balance over \$130	Up to \$104
Medically Necessary	\$0 copay, then covered in full	Up to \$200
Frequency		
Exam	12 months	
Lenses	12 months	
Contacts (in lieu of glasses)	12 months	
Frames	24 months	

Vision Provider Search

- Go to www.eyemed.com
- Select "Find a Provider"
- Enter your ZIP Code
- Under "Select Network," choose the Select Network
- Enter remaining search criteria

Weekly Employee Paid Premium—Vision	
Employee	\$1.30
Employee/Spouse	\$2.48
Employee/Children	\$2.61
Employee/Family	\$3.84

See page 17 17 of this booklet for contact information to get answers about what is covered and how claims will be paid.