

2025 Vision Insurance



2025 Vision Plan

No Changes to Plan Design or Rates

Materials* \$ 10 Copay <small>(Materials copay applies to frame or spectacle lenses, if applicable.)</small>	In-Network Member Cost	Out-of-Network Reimbursement	
FRAME ALLOWANCE** <small>(Up to 20% discount above frame allowance.)</small>	\$ 130 allowance	Up to \$45	
STANDARD SPECTACLE LENSES			<div>Lense enhancement options are available for additional copay amounts. See full Summary on C2MB</div>
Single Vision	Covered in full after \$10 copay	Up to \$25	
Bifocal	Covered in full after \$10 copay	Up to \$40	
Trifocal	Covered in full after \$10 copay	Up to \$50	
Lenticular	Covered in full after \$10 copay	Up to \$80	
CONTACT LENSES† <small>(in lieu of frame and spectacle lenses)</small>			
Elective	\$130 allowance	Up to \$110	
Medically Necessary	Covered in full	Up to \$250	
REFRACTIVE LASER SURGERY	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance	
Frequency			
EYE EXAMINATION		N/A	
LENSES OR CONTACT LENSES		Once every 12 months	
FRAME		Once every 24 months	