





Postdoctoral Benefit Program EyeMed PPO Vision Plan

Core Benefits	In-Network Postdoc Pays	Out-of-Network Postdoc Pays
Eye Exam (every 12 months*)	\$10 Copay	Up to \$35 allowance
Frames (every 12 months*)	\$120 allowance (20% off remaining balance)	Up to \$48 allowance
Lenses (every 12 months*) Single Bifocal Trifocal	\$25 Copay \$25 Copay \$25 Copay	Up to \$25 allowance Up to \$40 allowance Up to \$60 allowance
Conventional Contact Lenses**	\$135 allowance (additional 15% off balance over allowance)	Up to \$95 allowance
Disposable Contact Lenses **	\$135 allowance (no discount on remaining balance)	Up to \$95 allowance
Medically Necessary Contact Lenses**	\$0 Copay	Up to \$200 allowance

^{*12} months from the date of last service

^{**}M aterials only; in lieu of frames/lenses