



Voluntary Vision Insurance

Provided by

EyeMed
VISION CARE®

Disclaimer: This benefit plan information shown in this benefits plan overview is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance ; the underlying insurance documents will govern in all cases.

Voluntary Vision Plan

This plan is voluntary, which means you are responsible for the monthly cost for you and your enrolled dependents. This is a stand alone plan, so that means you can opt into the vision plan without being enrolled in a COH medical plan.

Once enrolled, you will use your SSN and name to make an appointment with a provider. **You will not receive an ID card from EyeMed.**

Trainee & Affiliate Benefits Program

Voluntary Vision Plan

Vision Benefits

In-Network Member Pays

Out-of-Network Member Pays

Eye Exam (every 12 months)

\$15 Copay

Up to \$35 Allowance

Frames (every 12 months)

\$150 Allowance
(20% off remaining balance)

Up to \$120 Allowance

Lenses (every 12 months)

Single
Bifocal
Trifocal

\$10 Copay

\$10 Copay

\$10 Copay

Up to \$35 Allowance

Up to \$49 Allowance

Up to \$74 Allowance

Contact Lenses (every 12 months)

\$150 Allowance
(15% off remaining balance)

Up to \$120 Allowance

For more detailed plan design information please visit the [Plan Documents Library](#).