



Vision Insurance

Provided by



eyeSM
Med

Postdoctoral Scholar Benefit Program

EyeMed PPO Vision Plan

EyeMed PPO		
Core Benefits	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$10 Copay	Up to \$30 allowance
Frames (every 24 months)	\$200 allowance (20% off remaining balance)	Up to \$100 allowance
<u>Lenses</u> (every 12 months)		
Single	\$10 Copay	Up to \$25 allowance
Bifocal	\$10 Copay	Up to \$40 allowance
Trifocal	\$10 Copay	Up to \$55 allowance
Lenticular	\$10 Copay	Up to \$55 allowance
Contact Lenses* (materials only)	\$200 allowance	Up to \$160 allowance

*Contact lenses in lieu of traditional lenses