



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)	\$130 allowance (20% off remaining balance)	Up to \$65 allowance
<u>Lenses</u> (every 12 months)		
Single	\$0 Copay	Up to \$25 allowance
Bifocal	\$0 Copay	Up to \$40 allowance
Trifocal	\$0 Copay	Up to \$63 allowance
Contact Lenses* (materials only)	\$130 allowance (15% off remaining balance)	Up to \$104 allowance

*Contact lenses in lieu of traditional lenses