We offer one vision plan through EyeMed. The vision plan is a PPO plan, and it offers both in-network and out-of-network coverage.

VISION PLAN	IN-NETWORK
EYE EXAM - EVERY 12 MONTHS	
	$0
LENSES - EVERY 12 MONTHS	
Single Vision, Bifocal, Trifocal	$20 copay, then covered 100%
Progressive Standard	$75 copay
Progressive Premium Tier 1	$105 copay
Progressive Premium Tier 2	$115 copay
Progressive Premium Tier 3	$130 copay
Progressive Premium Tier 4	$195 copay
FRAMES - EVERY 12 MONTHS	
	$150 allowance + 20% discount
CONTACT LENSES (MATERIALS ONLY) - EVERY 12 MONTHS	
Conventional	$150 allowance + 15% discount
Disposable	$150 allowance
Medically Necessary	$0

VISION COVERAGE RATE (24 PAYS)

COVERAGE TIER	PER-PAY COST
Employee Only	$3.49
Employee + Spouse	$6.62
Employee + Child(ren)	$6.97
Employee + Family	$10.24

Out-of-Network: refer to the Summary of Benefits and Coverage at www.myunitedelectric.com/legal. • EyeMed: 1-866-939-3633 | member.eyemedvisioncare.com