





Network Providers	Choice Network	EyeMed Access Network
Major In Network Retailers	 	  
Exam Copay	\$10	\$10
Frame Materials Copay	\$25	\$10
Contact Lenses	\$130 allowance every 12 months	\$180 allowance every 12 months
Frames	\$130 allowance every 24 months	\$180 allowance every 12 months
Lens Options	Premium includes progressive, anti-glare, scratch resistant coating	Member pays: \$15 for ultraviolet coating, tinting of plastic lenses, scratch-resistant coating \$45 for anti-reflective coating \$40 for polycarbonate lenses \$75 for progressive lenses
Out of Network Benefits	Exam: up to \$45 Frames: up to \$70 Single vision lenses: up to \$30 Lined Bifocal lenses: up to \$50 Lined trifocal lenses: up to \$65 Progressive lenses: up to \$50 Contacts: up to \$105	Exam: up to \$35 Frames: up to \$90 Single vision lenses: up to \$25 Lined Bifocal lenses: up to \$40 Lined trifocal lenses: up to \$55 Progressive lenses: none Contacts: up to \$144
Laser Vision Correction	15% off retail price or 5% off promotional price	15% off retail price or 5% off promotional price
Monthly Premium		
Single	\$16	\$10.53
Employee + One	\$24	\$18.08
Family	\$36	\$32.35