

# 2024 Vision Insurance

## Individual and Family Vision Plan

**A MedMutual Vision Plan gives you access to high-quality care and prescription eyewear through our EyeMed Access network, which includes more than 4,000 optometrists and ophthalmologists. Our vision plan's premium is \$8.87 for all ages, and includes annual benefits for an eye exam and a pair of eyeglasses or contact lenses.**

### Vision Plan Details

Benefit period: January 1 (or plan effective date) through December 31. A dependent's coverage ends on the last day of their 26th birthday month.

	In-Network Under Age 19	In-Network Ages 19 and over	Non-Network <sup>1</sup> All ages
<b>Professional Services</b>			
<b>Exam with Dilation</b>	\$0 copay	\$15 copay	\$15 allowed amount
<b>Frame and Lenses</b> One frame and uncoated plastic lenses every 12 months			
<b>Frames</b>	100% coverage for provider-designated frames	\$15 copay + 80% of retail price over \$130 allowed amount	\$30 allowed amount
<b>Single Vision</b>	\$0 copay	\$15 copay	\$10 allowed amount
<b>Bifocal</b>	\$0 copay	\$15 copay	\$20 allowed amount
<b>Trifocal</b>	\$0 copay	\$15 copay	\$30 allowed amount
<b>Lenticular</b>	\$0 copay	\$15 copay	\$40 allowed amount
<b>Contact Lenses<sup>2</sup></b>			
<b>Extended Wear Disposables</b> Single-vision spherical or toric	Covered in full: Up to a six-month supply of monthly wear or two-week wear EyeMed-designated disposable contact lenses.	\$15 copay; \$130 allowed amount	\$40 allowed amount
<b>Daily Wear Disposables</b> Single-vision spherical or toric	Covered in full: Up to a three-month supply of daily disposable EyeMed-designated disposable contact lenses.	\$15 copay; \$130 allowed amount	\$40 allowed amount
<b>Conventional</b>	Covered in full: One pair of EyeMed-designated contact lenses	\$15 copay + 85% of retail price over \$130 allowed amount	\$40 allowed amount
<b>Medically Necessary</b>	Covered in full: One pair of EyeMed-designated contact lenses	Covered in full	\$75 allowed amount
<b>Fit and Follow-up<sup>3</sup></b>	\$0 copay	\$0 copay	Not covered

The maximum amount allowed for each service is listed. The member is responsible for any changes exceeding the amount, in addition to any copayments listed.

1 The non-network maximum is the amount a member receives for covered vision services from a non-network provider.

2 In lieu of lenses and a frame. One pair every 12 months. Contact lenses include materials only.

3 Contact lenses fit and follow-up includes one standard visit and one follow-up visit every 12 months.

**For more information, or to find an EyeMed vision care provider, visit [MedMutual.com/VisionPlan](https://www.MedMutual.com/VisionPlan).**