Plan Type: Vision PPO Plan
Network Name: Access

SOI EYEMED VISION PLAN		
	All Covered Markets	
	In-Network	Out-Of-Network
PLAN FEATURES	Member Expenses	Reimbursement Maximums
Examination with Dilation [a]	$10 co-pay	$35 reimbursement max
Single Vision Lenses [a]	$10 co-pay	$25 reimbursement max
Bifocal Lenses [a]	$10 co-pay	$40 reimbursement max
Trifocal Lenses [a]	$10 co-pay	$55 reimbursement max
Frames [b]	$100 allowance plus 20% off charges over $100	$50 reimbursement max
Standard Contact Lens Fit & Follow Up [d]	$55 maximum member cost	NA
Premium Contact Lens Fit & Follow Up [e]	10% off retail price	NA
Lens UV Coating [a]	$15 additional co-pay [c]	NA
Lens Tint (Solid & Gradient) [a]	$15 additional co-pay [c]	NA
Standard Scratch Resistance Lens [a]	$15 additional co-pay [c]	NA
Standard Polycarbonate Lens [a]	$40 additional co-pay [c]	NA
Standard Anti-Reflective Lens [a]	$45 additional co-pay [c]	NA
Standard Progressive Lens (add-on to Bifocal) [a]	$75 additional co-pay [c]	$40 reimbursement max
Premium Progressive Lens (add-on to Bifocal) [a]	$75 additional co-pay [c,] 80% of charge less $120 allowance	$40 reimbursement max
Other Lens Add-Ons and Services [a]	20% discount	NA
Conventional Contact Lenses (materials only) [a]	$115 allowance plus 15% off charges over $115	$92 reimbursement max
Disposable Contact Lenses (materials only) [a]	$115 allowance	$92 reimbursement max
Medically Necessary Contact Lenses [a]	Paid in full	$200 reimbursement max
LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Members will receive a 20% discount on remaining balances beyond plan coverage at network providers which may not be combined with any other discounts or promotional offers. The discount does not apply to professional services or contact lenses. Retail prices may vary by location. Lost or broken materials are not covered		

a Examinations and lenses OR contacts are covered once every 12 months.
b Frames are covered once every 24 months.
c In addition to standard lens co-pay
d Standard Contact Lens Fitting – spherical clear contact lenses in conventional wear and planned replacement (includes but is not limited to disposable, frequent replacement, etc.)
e Premium Contact Lens Fitting – all lens designs, material and specialty fittings other than Standard Contact Lenses (includes toric, multifocal, etc.)

Please see your worksite supervisor or Human Resources Department regarding more information about available plans and your cost for these plans. Please note that published rates for all plans include the medical rate and may include the rate for life insurance (when applicable), and an administrative fee that may be charged by SOI.

In the case of a discrepancy between the information contained in this document and the plan document, the plan document governs. This document does not describe the plan limitations and exclusions that can be found in the Certificate of Coverage. To verify benefits, eligibility, or claim status, please contact the appropriate carrier.