VISION:

Website: www.medmutual.com
Mobile App: MedMutual

2027 Plan Option:

Vision Plan

When you select vision coverage, you and your covered dependents may receive an eye examination once every 12 months. In addition, the plan covers part of the cost of either eyeglasses and frames once every 12 months or part of the cost of contacts once every 12 months. Visit www.eyemed.com to locate a provider.

Services	In-Network	Out-of-Network
Routine Eye Exam *Every 12 months*	$15 Copay	$15 Allowance
Eyeglass Frames *Every 12 months*	$100 Allowance + 20%	$30 Allowance
Eyeglass Lenses *Every 12 months*	$15 Copay	$10-$40 Allowance Based on Lense
Contact Lenses (in lieu of glasses) Elective *Every 12 months*	$15 copay then 100% up to $100	$40 Allowance
Contact Lenses (in lieu of glasses) Medically necessary *Every 12 months*	$15 copay then 100% up to $750	$75 Allowance

Vision Rates (per pay period)	Employee Only	2-person	Family
	$1.49	$3.12	$5.05

*These rates represent standalone vision coverage. Vision premiums are included in the all-inclusive health insurance premiums.

I L V TOSEE

The above is a high-level overview of benefits; please refer to the Certificate & SPD for final confirmation of coverage