



## VISION Plans

### EyeMed Vision Care Plans

The University offers two vision plans through EyeMed Vision Care. Both plans offer you the freedom to choose any eye care provider. However, you will maximize your benefits and pay less out of your pocket when an EyeMed Select network provider is used. Additionally, if a non-network provider is used, you will be responsible for paying in full at the time of service and filing a claim for reimbursement. Locate a network provider at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

Summary of Covered Benefits	EyeMed Base Vision Plan		EyeMed Enhanced Vision Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Eye Exam</b> (every 12 months)	\$10 copay	Reimbursement up to \$45	\$0 copay	Reimbursement up to \$45
<b>Lenses</b> (every 12 months)		Reimbursement up to:		Reimbursement up to:
Single Vision	\$25 copay	\$35	\$10 copay	\$35
Bifocal	\$25 copay	\$50	\$10 copay	\$50
Trifocal	\$25 copay	\$65	\$10 copay	\$65
<b>Frames</b> (base plan: every 24 months, enhanced plan: every 12 months)	\$130 allowance + 20% off balance	Reimbursement up to \$90	\$150 allowance + 20% off balance	Reimbursement up to \$104
<b>Contact Lenses</b> (every 12 months in lieu of eye glasses)				
Elective	\$130 allowance + 15% off balance	Reimbursement up to \$104	\$150 allowance + 15% off balance	Reimbursement up to \$104
Medically Necessary	Covered in full	Reimbursement up to \$210	Covered in full	Reimbursement up to \$210
<b>Laser Correction</b>	15% off retail price or 5% off promotional price	N/A	15% off retail price or 5% off promotional price	N/A

The above plan summaries are not a complete description of plan benefits. Additional information is posted on the [DU website > Faculty & Staff > Human Resources > Benefits & Compensation](#).

