

2025 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 ¹ All ages
Professional Services			
Exam with Dilation	\$0 copay	\$15 copay	\$15 allowed amount
Frame and Lenses One frame and uncoated plastic lenses every 12 months			
Frames	100% coverage for provider-designated frames	\$15 copay + 80% of retail price over \$130 allowed amount	\$30 allowed amount
Single Vision	\$0 copay	\$15 copay	\$10 allowed amount
Bifocal	\$0 copay	\$15 copay	\$20 allowed amount
Trifocal	\$0 copay	\$15 copay	\$30 allowed amount
Lenticular	\$0 copay	\$15 copay	\$40 allowed amount
Contact Lenses²			
Extended Wear Disposables 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
Daily Wear Disposables 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
Conventional	Covered in full: One pair of EyeMed-designated contact lenses	\$15 copay + 85% of retail price over \$130 allowed amount	\$40 allowed amount
Medically Necessary	Covered in full: One pair of EyeMed-designated contact lenses	Covered in full	\$75 allowed amount
Fit and Follow-up³	\$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).