

**CITY OF ST. CHARLES SCHOOL DISTRICT
VISION INSURANCE COMPARISON
EFFECTIVE JANUARY 1, 2020**

| FEATURES: | EyeMed | |
|---|---------------------|------------------------|
| | <u>In Network</u> | <u>Out of Network*</u> |
| Examination Co-Pay: | \$20 | Up to \$42 |
| Frequency of Service: | | |
| Exams | 12 Months | |
| Lenses | 12 Months | |
| Frames | 12 Months | |
| Contacts | 12 Months | |
| Basic Lenses: | \$20 Copay then | |
| Single Vision | 100% | Up to \$40 |
| Bifocal | 100% | Up to \$60 |
| Trifocal | 100% | Up to \$80 |
| Lenticular | 100% | Up to \$80 |
| Frames: | \$130 Allowance | Up to \$45 |
| Contacts: | | |
| Necessary | 100% | Up to \$210 |
| Cosmetic | \$130 Allowance | Up to \$105 |
| Voucher System: | No | |
| Laser Vision Discount: | Discounts Available | |
| <u>MONTHLY AMT WITHELD FROM EMPLOYEE'S CHECK</u> | | |
| <i>Individual Only*</i> | \$4.22* | |
| <i>Spouse</i> | \$3.84 | |
| <i>Children</i> | \$4.28 | |
| <i>Family</i> | \$8.24 | |
| *District continues to pay the individual portion | | |

**Employees must enroll in the Vision benefit offered by District. The above outline is for illustration purposes only.

Outline is not intended to provide specific definitions of the plan's coverage or to determine if claims are eligible for payment.