

**CITY OF ST. CHARLES SCHOOL DISTRICT  
VISION INSURANCE COMPARISON  
EFFECTIVE JANUARY 1, 2022**

<b>FEATURES:</b>	<b>EyeMed</b>	
	<u>In Network</u>	<u>Out of Network*</u>
<b>Examination Co-Pay:</b>	<b>\$20</b>	<b>Up to \$42</b>
<b>Frequency of Service:</b>		
Exams	12 Months	
Lenses	12 Months	
Frames	12 Months	
Contacts	12 Months	
<b>Basic Lenses:</b>	\$20 Copay then	
Single Vision	100%	Up to \$40
Bifocal	100%	Up to \$60
Trifocal	100%	Up to \$80
Lenticular	100%	Up to \$80
<b>Frames:</b>	\$130 Allowance 20% off balance over \$130	Up to \$45
<b>Contacts:</b>		
Necessary	100%	Up to \$210
Cosmetic	\$130 Allowance 15% off balance over \$130	Up to \$105
<b>Voucher System:</b>	No	
<b>Laser Vision Discount:</b>	Discounts Available	
<b>Additional Discounts (InNetwork Only)</b>	40% off additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used; 30% off non prescription sunglasses	
<b><u>MONTHLY AMT WITHELD FROM EMPLOYEE'S CHECK</u></b>		
<i>Individual Only*</i>	\$4.79*	
<i>Spouse</i>	\$4.36	
<i>Children</i>	\$4.86	
<i>Family</i>	\$9.36	
*District continues to pay the individual portion		