Vision

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for you and your covered dependents. **Below are the in-network benefits**, if you chose a out-of-network Eye Doctor, then you will be subject to lesser benefit amounts and you are responsible for claim submission. To find out what network provider visit **www.avesis.com.**

Coverage		Buy-up Plan Vision with Exam In-Network Benefits	Base Plan Materials Only In-Network Benefits
Exam	Copay	$10 Copay Retinal Imaging – Up to $45	Not Covered under Vision Plan
	Frequency	Annually	
Prescription glasses	Copay	$15 Copay	$15 Copay
Lenses	Single	Covered in Full after Copay	Covered in Full after Copay
	Bifocal (Lined)	Covered in Full after Copay	Covered in Full after Copay
	Trifocal (Lined)	Covered in Full after Copay	Covered in Full after Copay
	Lenticular	Covered in Full after Copay	Covered in Full after Copay
	Other Lens Options	**Allowances** Standard Scratch Resistance Coating - $17 Ultraviolet Screening - $15 Solid or Gradient Tint - $17 Standard Anti Reflective Coating - $45 Progressive Lenses $75-$110 Other Lens Options 20% discount	Discounted up to 20% off Retail
	Frequency	Annually	Annually
Frames	Allowance	$50 Wholesale Allowance Up to $150 Retail Value Up to 20% discount over Retail Walmart/Sams Club - $68 Costco - $54.99	$50 Wholesale Allowance Up to $150 Retail Value Up to 20% discount over Retail Walmart/Sams Club - $68 Costco - $54.99
	Frequency	Every 24 Months	Every 24 months
Contact lenses*	Elective	$130 Allowance	$130 Allowance
	Medical Necessary	Paid in Full	Paid in Full

*Contact lenses (instead of glasses)

Vision 2025-2026 Monthly deductions (before tax deduction)

	Single	Employee + Spouse	Employee + Child(ren)	Family
Buy-up Plan	$10.53	$20.16	$21.96	$28.27
Base Plan	$7.76	$14.69	$16.00	$20.59

Reminder: Annual routine vision exam is covered in full for you and any family members you cover on your District medical plan.