

City of St. Charles School District
VISION INSURANCE COMPARISON
Effective January 1, 2023

FEATURES:	EyeMed
IN-NETWORK BENEFITS	<u>EyeMed Network</u>
Exam Co-Pay	\$20
Frequency of Services	
Exam	12 Months
Lenses	12 Months
Frames	12 Months
Contacts	12 Months
Basic Lenses	\$20 Copay, Then:
Single Vision	100%
Bifocal	100%
Trifocal	100%
Frames	\$130 Allowance 20% off balance
Contacts	
Necessary	Paid in full
Elective	\$130 Allowance 15% off balance
Laser Vision Discount	Discounts Available
Additional Discounts (in network only)	40% off additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used; 30% off non prescription sunglasses
OUT OF NETWORK BENEFITS	
Basic Lenses	
Single Vision	Up to \$40
Bifocal	Up to \$60
Trifocal	Up to \$80
Frames	Up to \$65
Contacts	
Medically Necessary	Up to \$210
Elective	Up to \$105
<u>MONTHLY AMT WITHELD FROM EMPLOYEE'S CHECK</u>	<u>Current</u>
Individual Only*	\$4.79*
Spouse	\$4.36
Children	\$4.86
Family	\$9.36
*District continues to pay the individual portion	