

**CITY OF ST. CHARLES SCHOOL DISTRICT
VISION INSURANCE COMPARISON
EFFECTIVE JANUARY 1, 2021**

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.