

**CITY OF ST. CHARLES SCHOOL DISTRICT  
VISION INSURANCE COMPARISON  
EFFECTIVE JANUARY 1, 2019**

FEATURES:	EyeMed	
	<u>In Network</u>	<u>Out of Network*</u>
Examination Co-Pay:	<b>\$20</b>	<b>Up to \$42</b>
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	
<b><u>MONTHLY AMT WITHELD FROM EMPLOYEE'S CHECK</u></b>		
<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.**