

VOLUNTARY VISION



Almcoe Refrigeration is pleased to continue offering the Voluntary Vision plan through EyeMed for the 2015-2016 plan year.

Plan Features	EyeMed	
	Network	Non-Network
Deductible		
Exam	\$10 Copay	
Materials	\$20 Copay (does not apply to elective contact lenses)	
Benefit Frequency - # of Months		
Eye Exam	12	
Lenses	12	
Frames	24	
Benefit		
Eye Exam	\$10 then 100%	Up to \$30
Standard Lenses:		
Single Vision	100%	Up to \$25
Lined Bifocal	100%	Up to \$40
Lined Trifocal	100%	Up to \$60
Lenticular	100%	Up to \$60
Frames:		
Covered in Full Frames	Up to \$120 Retail Allowance	Up to \$60
Contact Lenses: (*No copay required for contact lenses)		
Elective Contacts	100% up to \$120 Allowance	Up to \$96
Medically Necessary Lens	100%	Up to \$210

Voluntary Vision Plan Rates:

	Employee's Cost per WEEK
Employee Only	\$1.49
Employee and Spouse	\$2.84
Employee and Child(ren)	\$2.99
Employee and Family	\$4.39