

SIHO VISION INSURANCE DESIGNS

	EyeMed Vision	
	1263	1261
In-Network	12/12 Plan Premier Platinum	12/24 Plan Designer Voluntary
Eye Exam Frequency	Once every 12 Months	Once every 12 Months
Eye Exam Copay	\$10	\$10
Eye Exam Frequency	Once every 12 Months	Once every 12 Months
Eye Exam Copay	\$25	\$25
Eye Exam Frequency	Once every 12 Months	Once every 24 Months
Eye Exam Allowance	\$195	\$130
Eye Exam Copay	\$0	\$0
Contact Lens Frequency	Once every 12 Months	Once every 12 Months
Contact Lens Allowance	\$180	\$130
Contact Lens Copay	\$25	\$0
Network	EyeMed Vision	EyeMed Vision
Employee:	\$9.69	\$6.20
Employee + Spouse:	\$19.33	\$12.38
Employee + Child(ren):	\$20.31	\$12.99
Employee + Family:	\$28.29	\$18.09