

# VOLUNTARY VISION

Offered through EyeMed Vision | Insight Network

Services	12/12 Plan	12/24 Plan
Eye Exam Frequency	Once every 12 Months	Once every 12 Months
Eye Exam Copay	\$10	\$10
Eyeglass Lens Frequency	Once every 12 Months	Once every 12 Months
Eyeglass Lens Copay	\$25 Additional charge for Progressive	\$25 Additional charge for Progressive
Eyeglass Frame Frequency	Once every 12 Months	Once every 24 Months
Eyeglass Frame Allowance	\$180 - 20% off balance over the \$180	\$150 - 20% off balance over the \$150
Eyeglass Frame Copay	\$0	\$0
Contact Lens Frequency	Once every 12 Months	Once every 12 Months
Contact Lens Allowance	\$180	\$150
Contact Lens Copay	\$0 - 15% off balance over the \$180	\$0 - 15% off balance over the \$150
Network	EyeMed	EyeMed
<b>Employee Only:</b>	\$9.62	\$6.30
<b>Employee + Spouse:</b>	\$18.28	\$11.97
<b>Employee + Child(ren):</b>	\$19.24	\$12.60
<b>Employee + Family:</b>	\$28.28	\$18.52

INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS<sup>®</sup>  
❤️ 👁️

PEARLE  
VISION<sup>™</sup>

🎯 OPTICAL<sup>™</sup>



**Minimum of 2 employees to offer. Rates effective 12/1/24.**

**Disclaimer: The rates noted on this page may be subject to change.**

**For more information on the dental plan including OON benefits, please contact [sales.quotes@siho.org](mailto:sales.quotes@siho.org).**