

Vision

Vision coverage is provided at no cost to all benefit recipients enrolled in a CIP health plan. The plan is administered by EyeMed.

All enrolled benefit recipients and dependents receive the same vision coverage regardless of the health plan selected.

Service	In-Network	Out-of-Network**	Benefit Frequency
Eye Exam	\$10 copayment	\$20 allowance	Once every 12 months
Standard Frames	\$10 copayment (up to \$110 retail frame cost; member responsible for balance over \$110)	\$20 allowance	Once every 24 months
Vision Lenses* (single, bifocal and trifocal)	\$10 copayment	\$20 allowance for single vision lenses \$30 allowance for bifocal and trifocal lenses	Once every 12 months
Contact Lenses (All contact lenses are in lieu of vision lenses)	\$20 copayment for medically necessary \$50 copayment for elective contact lenses \$90 allowance for all other lenses not mentioned above	\$70 allowance	Once every 12 months

Additional Vision Benefits

EyeMed offers additional coverage for Progressive Lenses, Premium Anti-Reflective Coating, and coverage for Photochromic and Polarized lenses. For more information on this program visit eyemedvisioncare.com/stil or contact EyeMed at 1-866-723-0512

* Vision Lenses: Member pays all optional lens enhancement charges. In-network providers may offer additional discounts on lens enhancements and multiple pair purchase.
** Out-of-network claims must be filed within one year from the date of service.

