

# Vision

Vision coverage is provided at no cost to all benefit recipients enrolled in a TRIP 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
<b>Eye Exam</b>	\$10 copayment	\$20 allowance	Once every 12 months
<b>Standard Frames</b>	\$10 copayment (up to \$110 retail frame cost; member responsible for balance over \$110)	\$20 allowance	Once every 24 months
<b>Vision Lenses*</b> (single, bifocal and trifocal)	\$10 copayment	\$20 allowance for single vision lenses \$30 allowance for bifocal and trifocal lenses	Once every 12 months
<b>Contact Lenses</b> (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](http://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.

