

Employee Benefits - Vision Plan Summary

Effective 7/1/23 - This Document is a summary of coverage only. The MMIA Employee Benefits Program Plan Documents are available at www.mmiaeb.net and must be referenced for details of all coverages.

Benefit Period (July 1 - June 30)

Benefits Every 12 Months	In Network	Out of Network
Well Vision Exam	\$20 Copay (no more than \$39 copay for retinal screenings as an enhancement to an exam)	Up to \$50
Frames	\$165 allowance at retail\$90 allowance at Costco and Walmart20% saving after allowance	Up to \$70
Lenses (included with exam copay)	Single vision, lined bifocal, and trifocal lensesPolycarbonate for children	• Single vision - Up to \$50
Lens Enhancements	 Standard progressive: \$0 copay Premium progressive: \$80-\$90 copay Custom progressive: \$120-\$160 copay 	 Lined bifocal - Up to \$75 Lined trifocal - Up to \$100
Contacts (instead of glasses)	 \$140 allowance for contact lenses Up to \$60 for contact lens exam (fitting and evaluation) 	Up to \$105
Lacoultisian Connection	Average 150/ off regular price or 50/ off property	tional agion discounts only
Laser Vision Correction Discount	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities	

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