BENEFITS, HEALTH + WELLNESS

2026 BENEFITS

VISION PLAN

The Vision Plan is administered by EyeMed. To locate a provider near you, visit ***eyemedvisioncare.com***.
This plan is purchased separately from the medical coverage.

	MEMBER COST	REIMBURSEMENT
Annual Exam	**In-Network**	**Out-of-Network**
	Covered 100%	Covered 100%
Contact Lens Fit		
Standard	Up to $40	N/A
Premium	10% off retail price	N/A
Frames		
	$150 allowance 80% off balance over $150	Up to $80
Standard Plastic Lenses		
Single Vision	$15	Up to $70
Bifocal	$15	Up to $80
Trifocal	$15	Up to $90
Standard Progressive Lens	$50	Up to $80
Premium Progressive Lens	$50	Up to $80
	$120 allowance is combined for standard and contact lenses	
Contact Lenses		
Conventional	$120 allowance 15% off balance over $120	Up to $120
Disposables	$120 allowance	Up to $120
	$120 allowance is combined for standard and contact lenses	
Frequency		
Exam	Once every calendar year	
Frames	Once every calendar year	
Standard Plastic Lenses OR Contact Lenses	Once every calendar year	

EMP	EMP/SP	EMP/CH(REN)	FAMILY
$1.16	$2.21	$2.32	$3.41

Gordon FOOD SERVICE