

Vision Plan

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for you and your covered dependents.

Cigna Vision	Network	Out-of-Network
Exam (once every 12 months)	\$10 copay	Up to \$30 allowance
Lenses (once every 12 months)	\$20 copay	Up to \$25-\$60 allowance
Frames (once every 24 months)	\$130 allowance plus 20% discount on amount exceeding frame allowance	Up to \$30 allowance
Contact lenses (once every 12 months)	Covered at 100% (medically necessary) \$150 allowance (elective)	Up to \$225 allowance (medically necessary) Up to \$75 allowance (elective)

2025 paycheck deductions per pay period (before-tax)

Vision Plan	24 Pay	20 Pay
Employee Only	\$2.55	\$3.06
Employee + 1	\$4.89	\$5.86
Family	\$7.92	\$9.50

