2026 Summary of Benefits

A side-by-side comparison of your 2026 Vision Plan Summary of Benefits

The benefits summarized are extracted from the ITDR 2026 Benefit Guide, pages 45.















VISION PLAN | Summary of Benefits

	In-Network	Out-of-Network
Vision Exam (once every calendar year) With dilation as necessary	Covered in full after \$10 copay	Up to \$42
Eyeglass Lenses * (once every calendar year)		
Single Vision	Covered in full after \$10 copay	Up to \$32
• Bifocal	Covered in full after \$10 copay	Up to \$46
• Trifocal	Covered in full after \$10 copay	Up to \$61
 Lenticular 	Covered in full after \$10 copay	Up to \$61
 Standard Progressive 	\$10 copay	\$80
 Premium Progressive Tier 1 	\$30 copay	\$80
 Premium Progressive Tier 2 	\$40 copay	\$80
 Premium Progressive Tier 3 	\$55 copay	\$80
Premium Progressive Tier 4	\$10 copay, 20% off retail less \$120 Allowance	\$80
Eyeglass Frames (once every calendar year) Any available frame at provider location	\$0 copay, covered up to \$140; 20% off balance over \$140	Up to \$75
Contact Lens Fitting (once every calendar year)		
Standard	Covered in full after \$25 copay	Up to \$42
 Specialty 	Covered up to \$55 after \$25 copay	Up to \$42
Contact Lenses (once every calendar year)*		
 Conventional 	Up to \$130	Up to \$100
 Disposable 	Up to \$130	Up to \$100
 Medically Necessary 	Paid in Full	Up to \$210
Vision Correction Procedures LASIK - <i>Call EyeMed for full details</i>	15% discount or 5% off sale price	No benefit

^{*} Contacts (in lieu of eyeglass lenses); Eyeglass lenses (in lieu of contact lenses).