Keenan

Mt. San Jacinto Community College

Summary of EyeMed Vision Care & VSP Vision Plans - Classified Employees

RENEWAL 2024

EyeMed is closed to new enrollment effective July 1, 2024. Anyone hired after July 1 will be offered VSP only.

	EyeMed Vision Care		Vision Service Plan	
Carrier Name				
Plan Name	Plan D 12/12/24/$20		Plan B 12/12/24/$20 (CSVC)	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
General Plan Information				
Copay				
Deductible	$20	$20	$20	$20
Examination	100%	$60 ophthalmoligic; $50 optometric	100%	up to $45
Benefit Frequency				
Examination	12 months	12 months	12 months	12 months
Lenses	12 months	12 months	12 months	12 months
Frames	24 months	24 months	24 months	24 months
Contacts	12 months	12 months	12 months	12 months
Covered Services				
Lenses				
Single Vision Lens	100% up to 61mm	$43 allowance	100% up to 61mm	up to $45
Bifocal Lens	100%	$60 allowance	100%	up to $65
Basic Progressive	$89.50	$75 allowance	100%	Not covered
Contact Lenses				
Medically Necessary	100% in lieu of all other eyeware	$250 allowance in lieu of all other eyeware	100% (in lieu of all other eyewear; requires prior authorization)	up to $210 (in lieu of all other eyewear)
Elective	$125 in lieu of all other eyeware	$100 allowance in lieu of all other eyeware	up to $105 (in lieu of all other eyewear)	up to $250 (in lieu of all other eyewear)
Frames	100% up to $125 retail	$40 allowance	up to $120	up to $45

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