Keenan

Mt. San Jacinto Community College

Summary of EyeMed and VSP Vision Benefits - All Employees

RENEWAL 2025

Carrier Name	EyeMed Vision CLOSED TO NEW ENROLLMENT		Vision Service Plan	
Plan Name	Plan D 12/12/24/$20		Plan B 12/12/24/$20 (CSVC)	
Benefit Summary				
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
General Plan Information				
Copay				
Deductible	$20	$20	$20 applies to exam and prescription glasses	$20 applies to exam and prescription glasses
Deductible Amount	$20	$20	$20	$20
Allowance				
Annual Allowance Amount				
Examination	100%	Up to $40	100%	up to $50
Materials			100%	Allowances
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 $30	100% up to 61mm	up to $50
Bifocal Lens	100%	Up to $50	100%	up to $75
Lenticular	100%	Up to $70	100% for aphakic monofocal/multifocal	up to $125
Basic Progressive	100%	Up to $50	100%	Up to $75
Lens Options				
UV Coating	Up to $15	Not covered	100%	Not covered
Tint (Solid and Gradient)	Up to $15	Not covered	Not covered	Not covered
Scratch Resistance	Up to $15	Not covered	Not covered	Not covered
Basic Polycarbonate	Up to $40, 100% for anyone under 19 years of age	Up to $20 for anyone under 19 years of age	Not covered, Covered for children	Not covered
Standard Anti-Reflective	$45 copay	Up to $23	All Anti-reflective coatings covered after $35	Not covered
Other Add-Ons and Services	20% off retail price	Not covered	Average 40% discount for all other enhancements	Not covered
Contact Lenses				
Medically Necessary	100%	Up to $300	100% (in lieu of all other eyewear; requires prior authorization)	up to $210 (in lieu of all other eyewear)