



Vision Health: Included Benefits

Be kind to your eyes.

Sight provides much pleasure, but it's also an important part of staying safe and independent. Your eyes deserve good care and attention. With Care N' Care (HMO/PPO), all plans include a vision benefit powered by EyeMed to keep your eyes young and healthy.

Plan Name	Routine Eye Exam		Glasses, Lenses Frames, and Contacts ³	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Care N' Care Choice (PPO)	\$0 copay	\$50 Copay ¹	\$0 copay ⁴	\$30 copay ^{2,3}
Care N' Care Choice Plus (PPO)	\$0 copay	\$40 copay ¹	\$0 copay ⁴	\$30 copay ^{2,3}
Care N' Care Choice Premium (PPO)	\$0 copay	\$35 Copay ¹	\$0 copay ⁵	\$30 copay ^{2,3}
Care N' Care Choice MA-Only (PPO)	\$0 copay	\$35 Copay ¹	\$0 copay ⁵	\$30 copay ^{2,3}
Care N' Care Classic (HMO)	\$0 copay	N/A	\$0 copay ⁵	N/A

¹ You will be reimbursed up to a maximum amount of \$30 for a routine eye exam with submission of paid receipt and completed reimbursement form.

² You will be reimbursed up to a maximum amount of 50% of the Maximum Benefit for lenses and frames with submission of paid receipt and completed reimbursement form.

³ You will be reimbursed up to a maximum amount of \$120 for Contact Lenses, and \$210 for medically necessary contacts with submission of paid receipt and completed reimbursement form.

⁴ With a maximum benefit amount of \$100

⁵ With a maximum benefit amount of \$150

All vision benefits provided by EyeMed.

