

Charlotte County Board of County Commissioners

Vision Insurance Evaluation

Effective: October 1, 2025



CURRENT - Oct 2024-Sep 2025

RENEWAL - Oct 2025-Dec 2028

SCHEDULE OF BENEFITS		EyeMed		EyeMed	
		<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Annual Exam		\$10 Copay	Up to \$35	\$10 Copay	Up to \$35
Materials		No Copay	Varies	No Copay	Varies
<u>Frequency</u>					
Exam		12 Months		12 Months	
Lenses		12 Months		12 Months	
Frames		24 Months		24 Months	
<u>Lenses and Frames</u>		<i>Member Cost</i>	<i>Reimbursement</i>	<i>Member Cost</i>	<i>Reimbursement</i>
Eye Exam		\$10 Copay	Up to \$35	\$10 Copay	Up to \$35
Single Lenses		Paid in Full	Up to \$25	Paid in Full	Up to \$25
Bifocal Lenses		Paid in Full	Up to \$40	Paid in Full	Up to \$40
Trifocal Lenses		Paid in Full	Up to \$60	Paid in Full	Up to \$60
Lenticular		Paid in Full	Up to \$100	Paid in Full	Up to \$100
Frames		\$200 Retail Allowance then 20% Discount above \$200	Up to \$45	\$200 Retail Allowance then 20% Discount above \$200	Up to \$45
<u>Contacts</u>					
Contact Lenses (Elective)		\$200 Allowance, 15% Off Balance Over \$200	Up to \$200	\$200 Allowance, 15% Off Balance Over \$200	Up to \$200
Contact Lenses (Medically Necessary)		Paid in Full	Up to \$210	Paid in Full	Up to \$210
ASO Rate Guarantee		Expires 09/30/2028		Expires 12/31/2028	
ASO Fee		\$0.85		\$0.85	
Monthly Funding					
EE Only	701	\$4.26		\$4.26	
EE + Spouse	298	\$8.52		\$8.52	
EE + Child(ren)	149	\$8.09		\$8.09	
EE + Family	527	\$14.81		\$14.81	
Monthly Premium	1,675	\$14,536		\$14,536	
Annual Premium		\$174,426		\$174,426	
\$ Increase		N/A		\$0	
% Increase		N/A		0.0%	

Enrollment as of August 2025.