Voluntary Vision Coverage

MediExcel's V100 offers more benefits than typical vision plans, with low premiums and comprehensive treatment options for a wide range of services and vision needs.

3-Tier

EE	$10.00
EE+1	$18.00
EE+2	$25.00

4-Tier

EE	$10.00
ES	$18.00
EC	$20.00
EF	$25.00

👁 **Eye Exam: $0 Copay**
every 12 months

👁 **Frames: $100 Retail Allowance**
member pays any amount over allowance, every 24 months

👁 **Lenses: $0 Copay for Single or Bifocal**
up to 61mm, includes pink/rose tint, every 12 months

👁 **Contact Lenses: $100 Retail Allowance**
in lieu of frames and lenses, member pays any amount over allowance, every 12 months

👁 **Lasik: $900 per eye**
-2/-5 refraction, age 20-50, 6 month no refraction change

👁 **Active MediExcel Medical Coverage Required**

093025 NRM

sales@mediexcel.com | (619) 421-1659

MediExcel HEALTH PLAN