

TOWN OF NORTH ATTLEBOROUGH VISION PLAN RATES

BLUE 20/20
FY2025 Effective 7-1-2025
(0% Increase)

Blue 20/20 is administered by EyeMed Vision Care



	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE PLUS ONE OR MORE CHILDREN	FAMILY
TOTAL MONTHLY PREMIUM	\$4.86	\$8.27	\$8.51	\$13.37
TOWN Monthly Cost 25%	\$1.22	\$2.07	\$2.13	\$3.35
EMPLOYEE Monthly Cost 75%	\$3.64	\$6.20	\$6.38	\$10.02
24 BI-WEEK DEDUCTIONS	\$1.82	\$3.10	\$3.19	\$5.01
<p><u>10 Month employees</u> will pay an extra 2 months of premium in June (1st. Paycheck) for coverage in July & August (summer months) or pay by check in full.</p>				

Comprehensive Eye Exam Copay	\$20.00 In – Network Member Cost	ADDITIONAL IN-NETWORK SAVINGS AND DISCOUNTS		
Standard Plastic Lenses	\$25.00 copay	40% Off A Complete Second Pair Of Glasses	20% Off Non-Prescription Sunglasses	15% Off Retail Price For Laser Vision Correction
Frame Allowance	\$130 allowance, then additional 20% off balance			
Contact Lenses - Conventional	\$130 allowance, then additional 15% off balance			
Frequency	Eye Exam—1x every 24 months Lenses for frames or one order of contact lenses 1x every 12 months Frames (1x every 24 months)			