

Vision Insurance

Penn Stainless offers one vision plan through EyeMed.

Visit your benefits website, www.pennstainlessbenefits.com, for information on how to register for your account, login, and find in-network providers.

EyeMed

1-866-939-3633

member.eyemedvisioncare.com

Plan Year: January 1 – December 31, 2026	VISION PLAN In-Network	VISION PLAN Out-of-Network
EYE EXAM – Every 12 months		
Exam at PLUS Providers or non-PLUS Providers	\$0 copay	Up to \$40
FRAMES – Every 12 months		
Any available frame at PLUS Providers	\$0 copay; 20% off balance over \$150 allowance	Up to \$50
Frames at non-PLUS Providers	\$0 copay; 20% off balance over \$100 allowance	Up to \$50
LENSES (in lieu of contacts) – Every 12 months		
Single Vision	\$0 copay	Up to \$30
Bifocal	\$0 copay	Up to \$50
Trifocal/Lenticular	\$0 copay	Up to \$70
CONTACT LENSES (in lieu of lenses) – Every 12 months		
Contacts – Conventional	\$0 copay; 15% off balance over \$100 allowance	Up to \$50
Contacts – Disposable	\$0 copay; 100% of balance over \$100 allowance	Up to \$50
Weekly Cost for Coverage		
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$0.00	\$0.00
Employee + Child(ren)	\$0.00	\$0.00
Employee + Family	\$0.00	\$0.00