

# VISION



## 40% OFF

additional complete pair of prescription eyeglasses

## 20% OFF

non-covered items, including non-prescription sunglasses



### Find an eye doctor

(Insight Network)  
- eyemed.com  
- EyeMed Members App  
- For LASIK, call  
1 (800) 988-4221

### Heads up

You may have additional benefits!

Log in to [eyemed.com/member](http://eyemed.com/member) to see all plans included with your benefits.



## PREMIUMS PER PAY PERIOD

| Employee Only | Employee + Spouse | Employee + Child(ren) | Family |
|---------------|-------------------|-----------------------|--------|
| \$2.99        | \$5.68            | \$5.98                | \$8.79 |

## SUMMARY OF BENEFITS

### VISION CARE SERVICES

#### EXAM SERVICES

Exam

\$10 copay

up to \$40

Retinal Imaging

Up to \$39

Not covered

#### CONTACT LENS FIT & FOLLOW-UP

Fit & Follow-up - Standard

Up to \$40; contact lens fit and two follow-up visits

Not covered

Fit & Follow-up - Premium

10% off retail price

Not covered

#### FRAME

Frame

\$0 copay; 20% off balance over \$130 allowance

Up to \$91

#### STANDARD PLASTIC LENSES

Single Vision

\$25 copay

Up to \$30

Bifocal

\$25 copay

Up to \$50

Trifocal

\$25 copay

Up to \$70

Lenticular

\$25 copay

Up to \$70

Progressive - Standard

\$90 copay

Up to \$50

Progressive - Premium Tier 1

\$110 copay

Up to \$50

Progressive - Premium Tier 2

\$120 copay

Up to \$50

Progressive - Premium Tier 3

\$135 copay

Up to \$50

Progressive - Premium Tier 4

\$90 copay, 80% of charge less \$120 allowance

Up to \$50

#### LENS OPTIONS

Anti Reflective Coating - Standard

\$45

Not covered

Anti Reflective Coating - Tier 1

\$57

Not covered

Anti Reflective Coating - Tier 2

\$68

Not covered

Anti Reflective Coating - Tier 3

20% off retail price

Not covered

Photochromatic - Non-Glass

\$75

Not covered

Polycarbonate - Standard

\$40

Not covered

Scratch Coating - Standard Plastic

\$15

Not covered

Tint - Solid or Gradient

\$15

Not covered

UV Treatment

\$15

Not covered

#### CONTACT LENSES

Contacts - Conventional

\$0 copay; 15% off balance over \$130 allowance

Up to \$130

Contact - Disposal

\$0 copay; 10% off balance over \$130 allowance

Up to \$130

Contacts - Medically Necessary

\$0 copay; paid-in-full

Up to \$210

#### OTHER

Hearing Care from Amplification Network

Discounts on hearing exam and aids; call 1 (877) 203-0675

Not covered

Lasik or PRK from U.S. Laser Network

15% off retail or 5% off promo price; call 1(800) 988-4221

Not covered

#### FREQUENCY (plan allows member to receive either contacts and frame, or frame and lens services)

Exam

Once every 12 months

Frame

Once every 24 months

Lenses

Once every 12 months

Contacts Lenses

Once every 12 months