

### Artisant Lane - Premium Plan 2024



40%

additional complete pair of prescription eyeglasses

20% |

non-covered items, including nonprescription sunglasses

## Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- · EyeMed Members App
- For LASIK, call
   1.800.988.4221

#### Heads Up

You may have additional benefits.
Log into eyemed.com/member to see all plans included with your benefits.

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over \$180 allowance \$0 copay  Up to \$210  OTHER  Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network  FREQUENCY  ADULTS  Laser  Once every 12 months from the date of service  Once every 24 months from the date of service  Once every 24 months from the date of service  Contact Lenses  Over \$180 allowance \$0 copay  Up to \$210  Not covered  1.877.203.0675  Not covered  Not covered  Price; call 1.800.988.4221  ALLOWED FREQUENCY - ADULTS  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 24 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service	Contacts - Conventional	\$180 allowance	Up to \$144	
OTHER  Hearing Care from Amplifon Network  LASIK or PRK from U.S. Laser Network  LASIK or PRK from U.S. Laser Network  Description of the date of service  The date of service  Contact Lenses  Up to 64% off hearing aids; call Not covered 1.877.203.0675  LASIK or PRK from U.S. Laser Network  Description of the date of service and the date of	Contacts - Disposable		Up to \$144	
Hearing Care from Amplifon Network  LASIK or PRK from U.S. Laser Network  LASIK or PRK from U.S. Laser Network  Dy to 64% off hearing aids; call Not covered 1.877.203.0675  15% off retail or 5% off promo price; call 1.800.988.4221  ALLOWED FREQUENCY - ADULTS  Exam  Once every 12 months from the date of service  Lenses  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 24 months from the date of service  Once every 24 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service	Contacts - Medically Necessary	\$0 copay	Up to \$210	
1.877.203.0675  LASIK or PRK from U.S. Laser Network  15% off retail or 5% off promo price; call 1.800.988.4221  FREQUENCY  ALLOWED FREQUENCY - ADULTS  Exam  Once every 12 months from the date of service  Lenses  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 24 months from the date of service  Once every 24 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service	OTHER			
price; call 1.800.988.4221  FREQUENCY  ALLOWED FREQUENCY - ALLOWED FREQUENCY - KID: ADULTS  Exam  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service  Frame  Once every 24 months from the date of service  Once every 24 months from the date of service  Once every 12 months from the date of service  Once every 12 months from the date of service	Hearing Care from Amplifon Network		Not covered	
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	Frame	Once every 24 months from	Once every 24 months from	
	Contact Lenses			

Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; or thioptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewers; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person cases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or ontact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. Plan discounts cannot be comb

(Plan allows the member to receive either contacts and frame, or frame and lens services.)

# Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

#### Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from independent eye doctors, your favorite retail stores, even online options.

#### Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,1 but our long list of special offers takes benefits even further.

#### Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

<sup>1</sup>Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.





## Create a member account at eyemed.com

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