



## Individual EyeMed Vision Plan

### Additional Discounts

for in-network providers only

**40% off**

Complete pair of prescription eyeglasses

**20% off**

Non-prescription sunglasses

**20% off**

Remaining balance beyond plan coverage

### Eyemed Vision Summary of Benefits

Vision Care Services	In– Network Reimbursement	Out-of-Network Reimbursement
<b>Exam with Dilation as necessary</b>	\$10 Co-pay	Up to \$30
<b>Frames</b>	\$0 Co-pay; \$130 allowance, 80% of charge over \$130	Up to \$65
<b>Standard Plastic Lenses</b>		
Single Vision	\$25 Co-pay	Up to \$25
Bifocal	\$25 Co-pay	Up to \$40
Trifocal	\$25 Co-pay	Up to \$60
Standard Progressive Lens	\$90	Up to \$40
Premium Progressive Lens	\$90, 80% of charge less \$120 allowance	Up to \$40
Lenticular	\$25 Co-pay	Up to \$60
<b>Lens Options</b> (paid by member and added to the base price of the lenses)		
UV Treatment	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate (kids under 19)	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail Price	N/A
Other Add-Ons and Services	20% off retail Price	N/A
<b>Contact Lens Fit and Follow Up</b> (contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow Up	10% off retail	N/A
<b>Contact Lenses</b>		
Conventional	\$0 Co-pay; \$120 allowance; 15% off balance over \$120	Up to \$96
Disposable	\$0 Co-pay; \$120 allowance, plus balance over \$120	Up to \$96
Medically Necessary	\$0 Co-pay, Paid in full	Up to \$200
<b>Laser Vision Correction</b>		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	



Take a sneak peek before enrolling

You're on the SELECT Network  
 To locate an in-network provider visit [www.eyemed.com](http://www.eyemed.com) or call 1-866-299-1358  
 For Lasik providers call 1-877-5LASER6

Benefits Snapshot	With Eyemed	Out-of-Network
Exam with dilation as necessary (once every 12 months)	\$10 Co-pay	Up to \$30
Frames (once every 24 months)	\$0 Co-pay; \$130 allowance; 80% of charge over \$130	Up to \$65
Single Vision lenses (once every 12 months)	\$25 Co-pay	Up to \$25
Contacts (once every 12 months)	\$0 Co-pay; \$120 allowance; plus balance over \$120	Up to \$96

### And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with EyeMed vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference . . .

77%

SAVINGS with Eyemed

With Eyemed	Without Insurance***
<b>Exam</b> \$10 Co-pay	<b>Exam</b> \$106
<b>Frame</b> \$163 <del>-\$130 allowance</del> \$33 <del>-\$6.60 (20% discount off balance)</del> <b>\$26.40</b>	<b>Frame</b> \$163
<b>Lens</b> \$25 Co-pay + \$15 UV treatment add-on + \$15 scratch coating add on <b>\$55</b>	<b>Lens</b> \$78 + \$23 UV treatment add on + \$25 scratch coating add on <b>\$126</b>
<b>Total</b> \$91.40	<b>Total</b> \$395



Download the EyeMed Members App

It's the easiest way to view your ID card, see benefit details and find a provider near you.



\*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections.

\*\*Based on industry averages.



## Individual EyeMed Monthly Rates

Single Coverage: \$7.75

2 Person Coverage: \$14.75

Family Coverage: \$21.25

## How to Enroll:

1. Visit our website, [www.stearns.hr.com](http://www.stearns.hr.com).
2. Select Individual Products & Services and click on Enroll under Vision Plans.
3. Fill out the applicable enrollment information, choose your coverage type and proceed to payment options.