



EyeMed Vision Plan

Eyemed Vision Summary of Benefits

Additional Discounts

for in-network providers only

40% off

Complete pair of pre-prescription eyeglasses

20% off

Non-Prescription sunglasses

20% off

Remaining balance beyond plan coverage

Vision Care Services	In- Network Reimbursement	Out-of-Network Reimbursement
Exam with Dilation as necessary	\$10 Co-pay	Up to \$30
Frames	\$0 Co-pay; \$130 allowance, 80% over \$130	Up to \$65
Standard Plastic Lenses		
Single	\$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% less \$120 allowance	Up to \$40
Lenticular	\$25 Co-pay	Up to \$60
Lens Options (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	\$40	N/A
Polarized	\$45	N/A
Other Add-Ons and Services	20% off retail Price 20% off retail Price	N/A N/A
Contact Lens Fit and Follow Up		
Standard Contact Lens Fit & Follow Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow Up	10% off retail	N/A
Contact Lenses		
Conventional	\$0 Co-pay; \$120 allowance; 15% 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	Up to \$96
Laser Vision Correction	15% off retail price or 5% off promotional price	N/A
Frequency		
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 or call 1-866-299-1358

Benefits Snapshot	With Eyemed	Out-of-Network Reimbursement
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 \$30
Single Vision lenses (once every 12 months)	\$25 Co-pay	Up to \$25
Contact (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***
Exam \$10 Co-pay	Exam \$106
Frame \$163 -\$130 allowance = \$33—\$6.60 (20% discount off balance) = \$26.40	Frame \$163
Lens \$25 Co-pay + \$15 UV treatment add-on + \$15 scratch coating add on = \$55	Lens \$78 + UV treatment add on + \$25 scratch coating add on = \$126

Download the EyeMed Members App

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



INDEPENDENT PROVIDER NETWORK



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

**Based on industry averages.