



VISION BENEFITS

PLAN # 1012548 • PHONE 866.804.0982 • WEBSITE www.eyemed.com

Download and use the EyeMed Vision Member's app
(available in the App Store or Google Play)

Coverage	12 months
Retiree Only	\$ 6.37
Retiree & Spouse	12.74
Retiree & Children	15.30
Retiree & Family	22.94

VISION CARE SERVICES	Member cost In-Network	Out-of-Network cost Reimbursement up to
Exam <i>(with dilation as necessary)</i>	\$0 copay	\$45
Contact lens fit/follow-up* Standard contact lens fit & follow-up Premium contact lens fit & follow-up	\$10 copay paid in full/2 follow-up visits \$10 copay; \$10 off retail price, then apply \$55 allowance	\$40 \$40
Frames <i>(any available at provider location)</i>	\$0 copay; \$130 allowance, 20% off balance over \$130	\$91
Contact lenses <i>(Allowance includes materials only)</i> Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	\$105
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	\$105
Medically necessary	\$0 copay, paid in full	\$210
Standard plastic lenses Single vision Bifocal Trifocal Lenticular Standard progressive Premium progressive Tier 1 Premium progressive Tier 2 Premium progressive Tier 3 Premium progressive Tier 4	\$10 copay \$10 copay \$10 copay \$10 copay \$60 copay \$80 copay \$90 copay \$105 copay \$60 copay, 20% off retail less \$120 allowance	\$30 \$50 \$70 \$70 \$50 \$50 \$50 \$50 \$50
Covered lens options Standard polycarbonate—under age 19 Standard polycarbonate—19 and over Standard plastic scratch coating UV treatment Tint (solid and gradient)	\$0 copay \$25 copay \$10 copay \$10 copay \$10 copay	\$20 \$8 \$3 \$3 \$3
Premium anti-reflective coating Standard Tier 1 Tier 2	\$40 copay \$52 copay \$63 copay	\$3 \$3 \$3

*Contact lens fit and 2 follow-up visits are available once a comprehensive eye exam has been completed.

EyeMed® and EyeMed Vision Care® are registered trademarks of EyeMed Vision Care, LLC

EXAM: Once every 12 months

LENSES OR CONTACTS: Once every 12 months

FRAMES: Once every 12 months