2026 SUMMARY OF BENEFITS

www.eyemed.com	Choose the Access network No claim forms to file	File a claim form
Vision Care Services	**In-Network Member Cost**	**Out-of-Network Allowance**
EXAM Services:		
Exam at **PLUS** Providers	$0 Copay	Up to $35
Exam	$20 Copay	Up to $35
Fit and Follow-Up – Standard	$0 Copay; contact lens fit and two follow-up visits	Up to $40
Fit and Follow-Up – Premium	$0 Copay; 10% off retail price; then apply $55 allowance	Up to $40
Retinal Imaging Benefit	Up to $39	N/A
CONTACT LENSES:		
Conventional	$0Copay; 15% off balance over $115 allowance	Up to $92
Disposable	$0 Copay; 100% of balance over $115 allowance	Up to $92
Medically Necessary	$0 Copay; paid in full	Up to $200
FRAMES:	$0 Copay	$50
Any Available Frame at **PLUS** Providers	$0 Copay; 20% off balance over $150 allowance	Up to $45
Any available frame at provider location	$0 Copay; 20% off balance over $100 allowance	Up to $45
Standard Plastic Lenses:		
Single Vision	$20 Copay	Up to $25
Bifocal	$20 Copay	Up to $40
Trifocal	$20 Copay	Up to $55
Standard Progressive Lens	$85 Copay	Up to $40
Premium Progressive Lens	$85 Copay, 20% off retail price less $120 allowance	Up to $40
Lens Options:		
Tint (Solid and Gradient)	$15	N/A
UV Treatment	$15	N/A
Standard Plastic Scratch Coating	$15	N/A
Standard Polycarbonate	$40	N/A
Standard Anti-Reflective Coating	$45	N/A
Photochromic – Non Glass	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses: (materials only)		
Conventional	$0 Copay -- $115 allowance 15% discount off balance over $115	$92
Disposable	$0 Copay -- $115 allowance plus balance over $115	$92
Medically Necessary	$0 Copay -- Paid in Full	$210
Lasik or PRK Correction:*** (Lasik or PRK from U.S. Laser Network)	15% off retail price or 5% off promotional price	N/A
Additional Pairs Benefit:	Members receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
FREQUENCY:		
Exam	Once every 12 months	
Lenses (in lieu of contacts)	Once every 12 months	
Contacts (in lieu of lenses)	Once every 12 months	
Frame	Once every 24 months	

ADDITIONAL VALUE ADDED SAVINGS:

Members receive a 20% discount on items not covered by the plan at participating providers. Discounts do not apply to EyeMed providers professional services or contact lenses. Benefits cannot be combined with any other discounts or promotional offers. Benefit allowances provide no remaining balance for future use within the same benefit frequency.

PLAN LIMITATIONS/EXCLUSIONS:

Lost or broken lenses, frames, or contact lenses will not be replaced except in the next Benefit Frequency when vision materials would next become available. Certain frame brands in which the manufacture imposes no discount policy; aniseikonic lenses; two pair of glasses in lieu of bifocals; orthoptic or vision training, subnormal vision aids; safety eyewear; eyewear required by an employer as a condition of employment; plano non-prescription lenses and non-prescription sunglasses (except 20% discount); any services under workers' compensation law.