



## SUMMARY OF BENEFITS

<a href="http://www.eyemed.com">www.eyemed.com</a>	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 with Dilation as Necessary:	\$20 Copay	\$35
Retinal Imaging Benefit	Up to \$39	N/A
Contact Lens Fit and Follow-Up:		
Standard	\$0 Copay; paid-in-full fit, and two follow-up visits	\$40
Premium	\$0 Copay; 10% off retail price, then apply \$55 allowance	\$40
Frames:	\$0 Copay	\$50
Any available frame at provider location	\$100 allowance plus 20% off balance over \$100	
Standard Plastic Lenses:		
Single Vision	\$20 Copay	\$25
Bifocal	\$20 Copay	\$40
Trifocal	\$20 Copay	\$55
Standard Progressive Lens	\$85 Copay	\$40
Premium Progressive Lens	\$85 Copay, 80% of charge less \$120 allowance	\$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
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses: (allowance for 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 or Contacts	Once every 12 months	
Frame	Once every 24 months	

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.

### 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:

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.