

2020 Vision Plan Options

www.eyemedvisioncare.com ****INSIGHT NETWORK****

EYEMED BASE VISION PLAN (Exam Only)

Employee Cost:

TIER	Monthly	Bi-Weekly (20 pay)	Bi-Weekly (26 pay)
Employee only	\$0	\$0	\$0
Emp + Spouse	\$0	\$0	\$0
Emp + Child(ren)	\$0	\$0	\$0
Family	\$0	\$0	\$0

Vision Care Services	In-Network/Member Cost	Out of Network/Member Reimbursement
Exam (with dilation as necessary)	\$0	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames*	35% off retail price	N/A
Standard Plastic Lenses		
Single Vision	\$50	N/A
Bifocal	\$70	N/A
Trifocal	\$105	N/A
Lenticular	\$105	N/a
Standard Progressive Lens	\$135	N/A
Lens Options		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A

Standard Polycarbonate—Adults	\$40	N/A
Standard Polycarbonate—Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail	N/A
Other Add-Ons and Services	20% off retail	N/A

Contact Lenses (materials only)

Conventional	15% off retail	N/A
Disposable	0% off retail	N/A

Laser Vision Correction

LASIK or PRK form U.S. Laser Network	15% off the retail price or 5% of promotional price	
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Hearing Care

Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and discounted hearing aids	N/A
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Frequency

Exam	Once every calendar year
Lenses or Contact Lenses	Unlimited
Frame	Unlimited

Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.

Additional Discounts

Complete pair of prescription eyeglasses	40% Off
Non-prescription sunglasses	20% off
	20% off

Remaining balance beyond plan coverage

EYEMED BUY UP VISION PLAN (EXAM + HARDWARE)

Employee Cost:

TIER	Monthly	Bi-Weekly (20 pay)	Bi-Weekly (26 pay)
Employee only	\$4.14	\$2.49	\$1.91
Emp + Spouse	\$7.87	\$4.73	\$3.64
Emp + Child(ren)	\$8.29	\$4.98	\$3.83
Family	\$12.18	\$7.31	\$5.63

Product or Service	In-Network/Member Cost	Out of Network/Member Reimbursement
Exam (with dilation as necessary)	\$0	\$40
Eyeglass Frames	\$0 copay, \$150 Allowance, 20% off balance over \$150	\$105
Lenses Per Pair		
Single Vision	\$25 copay	\$30
Bifocal	\$25 copay	\$50
Trifocal	\$25 copay	\$70
Standard Progressive	\$80 copay	\$50
Covered Lens Options		
Standard Anti-Reflective	\$45 copay	\$5
Premium Anti-Reflective Tier 1	\$57 copay	\$5
Premium Anti-Reflective Tier 2	\$68 copay	\$5
Premium Anti-Reflective Tier 3	\$85 copay	\$5
Contact Lenses (includes materials only)		
Conventional	\$0 copay, \$150 Allowance, 15% off balance over \$150	\$120
Disposable	\$0 copay, \$150 allowance, plus balance over \$150	\$120
Medically Necessary	\$0 copay, Paid in Full	\$210
Standard Fit & Follow Up	\$40	
Premium Fit & Follow Up	10% off retail price	
Frequency		
Exam, Lenses, Contact Lenses	Once every calendar year	Once every calendar year
Frames	Once every two calendar years	Once every two calendar years