





| IN-NETWORK MEMBER SERVICES IN-NETWORK MEMBER COST IN-NETWORK MEMB | SUMMARY OF BENEFITS | | | | |
|---|--|---|--|----------------|--|
| EXAM SERVICES EXAM SERVICES EXAM SERVICES EXAM SERVICES EXAM SERVICES EXAM SERVICES SO copay Up to \$39 Up to \$39 Up to \$39 Not covered CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up - Standard follow-up - Standard follow-up - Premium 10% off retail price SO copay, 20% off balance over \$50 copay, 20% off retail price loss \$50 copay | VISION CADE | - IN-NETWORK MEMBED | IN_NETWODY | OUT_OE_NETWORK | |
| Socopay | | | | | |
| Retinal Imaging CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up - Standard Fit and Follow-up - Premium Socopay: 20% off balance over \$0.00000000000000000000000000000000000 | EXAM SERVICES | | | | |
| CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up - Standard follow-up visits fit and Follow-up - Standard follow-up visits fit and Follow-up visits fit and Follow-up visits 10% off retail price 10% off polanace 1 | Exam | \$0 copay | \$10 copay | Up to \$42 | |
| CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up - Standard follow-up visits fit and Follow-up - Standard follow-up visits fit and Follow-up visits fit and Follow-up visits 10% off retail price 10% off polanace 1 | Retinal Imaging | Up to \$39 | Up to \$39 | Not covered | |
| Fit and Follow-up - Standard follow-up - Premium follow-up visits follow-u | 0 0 | | • | | |
| follow-up visits 10% off retail price 10% off balance ver \$50 copay; 20% off pay 10 to \$60 100 - 125 copay 100 to \$60 100 - 125 cop | | Up to \$40; contact lens fit and two | Up to \$40; contact lens fit and | Not covered | |
| FRAME Frame \$0 capay; 20% off balance over \$0 capay; 20% off balance over \$150 allowance STANDARD PLASTIC LENSES Single Vision \$15 capay \$15 cap | Treatian office ap - Standard | | | Not covered | |
| Socopay 20% off balance over \$200 allowance Socopay 20% off balance over \$200 allowance | Fit and Follow-up - Premium | 10% off retail price | 10% off retail price | Not covered | |
| STANDARD PLASTIC LENSES Single Vision Sifo copay Up to \$80 Lenticular Sifo copay Sifo copay Sifo copay Sifo copay Sifo copay Up to \$80 Lenticular Sifo copay Sifo copay Sifo copay Sifo copay Sifo copay Up to \$80 Lenticular Sifo - 125 copay Sifo copay Sifo copay Sifo copay Up to \$80 Progressive - Standard Sifo - 125 copay Sifo c | FRAME | | | | |
| Single Vision Si5 copay Si5 copay Si5 copay Up to \$40 | Frame | \$0 copay; 20% off balance over \$200 allowance | | Up to \$105 | |
| Bifocal Sits copay Sit | STANDARD PLASTIC LENSES | | | | |
| Bifocal \$15 capay \$15 capay Up to \$60 Trifocal \$15 capay \$15 capay Up to \$80 Lenticular \$15 capay \$15 capay Up to \$80 Lenticular \$15 capay \$15 capay Up to \$80 Progressive - Standard \$80 capay \$80 capay Up to \$60 Progressive - Premium Tier 1 - 3 S100 - 125 capay \$100 - 125 capay Up to \$60 Progressive - Premium Tier 4 \$80 capay 20% off retail price less \$120 allowance Up to \$60 Progressive - Premium Tier 4 \$80 capay 20% off retail price less \$120 allowance Up to \$60 Progressive - Premium Tier 4 \$80 capay 20% off retail price Up to \$60 Progressive - Premium Tier 1 - 2 \$80 capay 20% off retail price Up to \$60 Progressive - Premium Tier 1 - 2 Progressi - Pr | Single Vision | \$15 copay | \$15 copay | Up to \$40 | |
| Lenticular Progressive - Standard Progressive - Premium Tier 1 - 3 Si0 copay S80 copay S90 copay | | \$15 copay | \$15 copay | Up to \$60 | |
| Lenticular Progressive - Standard Progressive - Premium Tier 1 - 3 Si0 copay S80 copay S90 copay | Trifocal | \$15 copay | \$15 copay | Up to \$80 | |
| Progressive - Premium Tier 1 - 3 Progressive - Premium Tier 4 \$80 copay; 20% off retail price less \$80 copay; 20% off retail price less \$120 allowance LENS OPTIONS | Lenticular | \$15 copay | \$15 copay | | |
| Progressive - Premium Tier 4 \$80 copay; 20% off retail price less \$120 allowance | Progressive - Standard | \$80 copay | \$80 copay | Up to \$60 | |
| Progressive - Premium Tier 4 \$80 copay; 20% off retail price less \$120 allowance | Progressive - Premium Tier 1 - 3 | \$100 - 125 copay | \$100 - 125 copay | Up to \$60 | |
| Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 - 2 Anti Reflective Coating - Premium Tier 1 - 2 Anti Reflective Coating - Premium Tier 3 20% off retail price 20% off ocpay 20% off retail price 20% ocpay 20% ocpay 20% off retail price 20% ocpay 20% off retail price 20% ocpay 20% ocpay 20% off retail price 20% ocpay 20% off retail price 20% ocpay 20% ocpay 20% ocpay 20% off retail price 20% ocpay 20% ocpay 20% off retail pric | Progressive - Premium Tier 4 | \$80 copay; 20% off retail price less \$120 allowance | \$80 copay; 20% off retail price | Up to \$60 | |
| Anti Reflective Coating - Premium Tier 1 - 2 Anti Reflective Coating - Premium Tier 3 20% off retail price 20% off retail price Not covered Photochromic - Non-Glass 575 \$75 Not covered Polycarbonate - Standard \$90 copay \$00 copay Up to \$20 Polycarbonate - Standard < 19 years of age \$00 copay \$00 copay Up to \$20 Scratch Coating - Standard Plastic \$00 copay \$00 copay Up to \$20 Scratch Coating - Standard Plastic \$00 copay \$00 copay Up to \$20 Scratch Coating - Standard Plastic \$00 copay \$00 copay Up to \$20 Scratch Coating - Standard Plastic \$00 copay \$00 copay Up to \$8 Scratch Coating - Standard Plastic \$00 copay \$00 copay Up to \$8 Scratch Coating - Standard Plastic \$00 copay \$00 copay Up to \$8 Scratch Coating - Standard Plastic \$00 copay \$00 copay Up to \$8 Scratch Copay \$00 copay Up to \$8 Scratch Copay \$00 copay \$00 copay Up to \$8 Scratch Copay \$00 copay \$00 copay \$00 copay Up to \$8 Scratch Copay \$00 copay | LENS OPTIONS | | | | |
| Anti Reflective Coating - Premium Tier 3 Photochromic - Non-Glass Polycarbonate - Standard Polycarbonate - Standard Polycarbonate - Standard Polycarbonate - Standard 19 years of age Scratch Coating - Standard Plastic So copay So | Anti Reflective Coating - Standard | \$0 copay | \$0 copay | Up to \$25 | |
| Photochromic - Non-Glass \$75 \$75 Not covered Polycarbonate - Standard \$0 copay \$0 copay Up to \$20 Polycarbonate - Standard \$0 copay \$0 copay Up to \$20 Scratch Coating - Standard Plastic \$0 copay \$0 copay Up to \$8 Tint - Solid and Gradient \$0 copay \$0 copay Up to \$8 UV Treatment \$0 copay \$0 copay Up to \$8 All Other Lens Options 20% off retail price 20% off retail price Not covered CONTACT LENSES Contacts - Conventional \$0 copay; 15% off balance over \$150 \$0 copay; 15% off balance over \$150 allowance Up to \$105 Contacts - Disposable \$0 copay; 100% of balance over \$150 allowance \$0 copay; 100% of balance over \$150 allowance Up to \$105 Contacts - Medically Necessary \$0 copay; paid in full \$0 copay; paid in full Up to \$210 OTHER Hearing Care from Amplifon Network Up to 64% off hearing aids; call 1877.203.0675 Up to 64% off hearing aids; call 1877.203.0675 Not covered 1877.203.0675 LASIK or PRK from U.S. Laser Network 15% off retail or 5% off promo price; call 1.800.988.4221 Not covered 1.877.203.0675 < | Anti Reflective Coating - Premium Tier 1 - 2 | \$12 - 23 | \$12 - 23 | Up to \$23 | |
| Polycarbonate - Standard S0 copay Up to \$8 Tint - Solid and Gradient S0 copay S0 copay S0 copay Up to \$8 UV Treatment S0 copay S0 copay S0 copay Up to \$8 All Other Lens Options 20% off retail price 20% off retail price Not covered CONTACT LENSES Contacts - Conventional S0 copay; 15% off balance over \$150 allowance S150 allowance S0 copay; paid in full S0 copay; paid in full Up to \$210 Contacts - Medically Necessary OTHER Hearing Care from Amplifon Network LSK for PRK from U.S. Laser Network 15% off retail or 5% off promo price; call 1.800.988.4221 FREQUENCY ALLOWED FREQUENCY - ADULTS Exam Once every calendar year | Anti Reflective Coating - Premium Tier 3 | 20% off retail price | 20% off retail price | Not covered | |
| Polycarbonate - Standard < 19 years of age Scratch Coating - Standard Plastic Sign copay | Photochromic - Non-Glass | \$75 | \$75 | Not covered | |
| Scratch Coating - Standard Plastic Fint - Solid and Gradient So copay So copay So copay So copay Up to \$8 UV Treatment So copay So copay So copay Up to \$8 UV Treatment So copay So copay Up to \$8 UV Treatment All Other Lens Options CONTACT LENSES Contacts - Conventional So copay; 15% off balance over \$150 allowance allowance So copay; 15% off balance over \$150 allowance Contacts - Disposable So copay; 100% of balance over \$150 allowance So copay; 100% of balance over \$150 allowance Contacts - Medically Necessary So copay; paid in full Up to \$210 OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network Up to 64% off hearing aids; call 1.877.203.0675 LASIK or PRK from U.S. Laser Network LASIK or PRK from U.S. Laser Network ALLOWED FREQUENCY - ADULTS ALLOWED FREQUENCY - ADULTS ALLOWED FREQUENCY - More overy calendar year Frame Once every calendar year | Polycarbonate - Standard | \$0 copay | \$0 copay | Up to \$20 | |
| Tint - Solid and Gradient \$0 copay \$15% off balance \$15% off | Polycarbonate - Standard < 19 years of age | \$0 copay | \$0 copay | Up to \$20 | |
| UV Treatment \$0 copay \$0 copay Up to \$8 All Other Lens Options 20% off retail price 20% off retail price Not covered CONTACT LENSES Contacts - Conventional \$0 copay; 15% off balance over \$150 allowance over \$150 allowance \$0 copay; 100% of balance over \$150 allowance \$0 copay; paid in full Up to \$105 over \$150 allowance \$0 copay; paid in full Up to \$210 OTHER Hearing Care from Amplifon Network Up to 64% off hearing aids; call 1.877.203.0675 LASIK or PRK from U.S. Laser Network 15% off retail or 5% off promo price; call 1.800.988.4221 FREQUENCY ALLOWED FREQUENCY - ADULTS ALLOWED FREQUENCY - KIDS Once every calendar year Once every calendar year Conce every calendar year Once every calendar year Once every calendar year Once every calendar year | Scratch Coating - Standard Plastic | \$0 copay | \$0 copay | Up to \$8 | |
| All Other Lens Options 20% off retail price 20% off retail price 20% off retail price 20% off retail price Not covered 20% off retail price Not covered 20% off retail price 20% off retail price 20% off retail price Not covered 20% off retail price 20% off retail price Not covered 20% off retail price 20% off retail price 20% off retail price Not covered 20% off retail price 20% off retail price Not covered 20% off retail price 20% off retail price 20% off retail price 20% off plannace 20g opay; 15% off plannace 20g opay; 100% of balance 20g opay; 100% of balan | Tint - Solid and Gradient | \$0 copay | \$0 copay | Up to \$8 | |
| CONTACT LENSES Contacts - Conventional \$0 copay; 15% off balance over \$150 allowance \$150 allowance \$150 allowance over \$150 allowance | UV Treatment | \$0 copay | \$0 copay | Up to \$8 | |
| Contacts - Conventional \$0 copay; 15% off balance over \$150 allowance Contacts - Disposable \$0 copay; 100% of balance over \$150 allowance \$0 copay; 100% of balance over \$150 allowance \$0 copay; 100% of balance over \$150 allowance Contacts - Medically Necessary \$0 copay; paid in full \$0 copay; paid in full Up to \$210 OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network LASIK or PRK from U.S. Laser Network LASIK or PRK from U.S. Laser Network ALLOWED FREQUENCY - ADULTS Exam Once every calendar year | All Other Lens Options | 20% off retail price | 20% off retail price | Not covered | |
| allowance Contacts - Disposable \$0 copay; 100% of balance over \$150 allowance \$0 copay; 100% of balance over \$50 copay; 100% of balance over \$150 allowance Contacts - Medically Necessary \$0 copay; paid in full Up to \$210 OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network Up to 64% off hearing aids; call 1.877.203.0675 LASIK or PRK from U.S. Laser Network 15% off retail or 5% off promo price; call 1.800.988.4221 FREQUENCY ALLOWED FREQUENCY - ADULTS ALLOWED FREQUENCY - KIDS Exam Once every calendar year | CONTACT LENSES | | | | |
| Contacts - Medically Necessary OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network FREQUENCY ALLOWED FREQUENCY - ADULTS Exam Once every calendar year | Contacts - Conventional | | | Up to \$105 | |
| OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network LASIK or PRK from U.S. Laser Network Dy to 64% off hearing aids; call 1.877.203.0675 LASIK or PRK from U.S. Laser Network 15% off retail or 5% off promo price; call 1.800.988.4221 FREQUENCY ALLOWED FREQUENCY - ADULTS Exam Once every calendar year | Contacts - Disposable | \$0 copay; 100% of balance over \$150 allowance | | Up to \$105 | |
| Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Netwo | Contacts - Medically Necessary | \$0 copay; paid in full | \$0 copay; paid in full | Up to \$210 | |
| 1.877.203.0675 LASIK or PRK from U.S. Laser Network 15% off retail or 5% off promo price; call 1.800.988.4221 FREQUENCY ALLOWED FREQUENCY - ADULTS Exam Once every calendar year | OTHER | | | | |
| FREQUENCY ALLOWED FREQUENCY - ADULTS ALLOWED FREQUENCY - KIDS Exam Once every calendar year Once every calendar year Once every calendar year Conce every calendar year Once every calendar year Once every calendar year Once every calendar year | Hearing Care from Amplifon Network | Up to 64% off hearing aids; call 1.877.203.0675 | | Not covered | |
| Exam Once every calendar year Once every calendar year Frame Once every calendar year Once every calendar year Lenses Once every calendar year Once every calendar year | LASIK or PRK from U.S. Laser Network | 15% off retail or 5% off promo price; call 1.800.988.4221 | 15% off retail or 5% off promo price; call 1.800.988.4221 | Not covered | |
| Exam Once every calendar year Once every calendar year Frame Once every calendar year Once every calendar year Lenses Once every calendar year Once every calendar year | FREQUENCY | ALLOWED FREQUENCY - ADULTS | ALLOWED FREQUENCY - KIDS | | |
| Lenses Once every calendar year Once every calendar year | | | | | |
| | Frame | Once every calendar year | Once every calendar year | | |
| Contact Lenses Once every calendar year Once every calendar year | Lenses | Once every calendar year | | | |
| | Contact Lenses | Once every calendar year | Once every calendo | ar year | |

(Plan allows member to receive either contacts and frame, or frames and lens services)

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, Cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In c

Savings plus convenience plus choice

PLUS Providers add another layer of coverage

\$0

Exam copay

\$200

Frame allowance

Staying in-network helps you save money on eye exams, frames and lenses. Visiting a PLUS Provider is designed to help you save even more.

And since PLUS Providers are already in our network, the additional perks are built right into your vision benefits. No promo codes, no coupons, no paperwork. The same vision benefits, plus a little more savings.





The choice is yours

Find plenty of in-network eye doctors – including PLUS Providers – on our Provider Locator. Just look for the PLUS.

Need extra assistance? Contact us at 866.804.0982 or visit eyemed.com.





LENSCRAFTERS'



