

EyeMed

Group # Plan 10
1025796

800-334-7591

The Certificate of Insurance is on file with your employer. Contact your employer to review a copy of the Certificate.

EYEMED VISION CARE BENEFIT		
Service Type	Allowed Frequency - Adults	Allowed Frequency - Kids
Exam	Once every calendar year	Once every calendar year
Lenses	Once every calendar year	Once every calendar year
Frames	Once every calendar year	Once every calendar year
Contact Lenses	Once every calendar year	Once every calendar year
(Plan allows the member to receive either contacts and frame, or frame and lens services)		
Vision Care Services	Member Cost In-Network	Out-of-Network Member Reimbursement
Exam Services		
Exam with Dilation as Necessary	\$0 Copay	Up to \$40
Retinal Imaging	Up to \$39	
Contact Lens Fit and Follow-Up		
Fit and Follow-up Standard	Up to \$40	
Fit and Follow-up Prem	10% off Retail Price	
Frames		
Frame	\$0 Copay; 20% off balance over \$180 Allowance	Up to \$75
Lenses		
Single Vision	\$20 Copay	Up to \$30
Bifocal	\$20 Copay	Up to \$40
Trifocal	\$20 Copay	Up to \$50
Lenticular	\$20 Copay	Up to \$180
Progressive Standard	\$70 Copay	Up to \$75
Progressive Prem	\$70 Copay; 20% off Retail Price less \$120 Allowance	Up to \$75
Lens Options		
Anti Reflective Coating Standard	\$45	
Anti Reflective Coating Prem	20% off Retail Price	
Polycarbonate Standard age 19+	\$40	
Polycarbonate Standard under age 19	\$0 Copay	Up to \$14
Scratch Coating Standard Plastic	\$15	
Tint Solid or Gradient	\$15	
UV Treatment	\$15	
All Other Lens Options	20% off Retail Price	
Contact Lenses		
Contacts Conventional	\$0 Copay; 15% off balance over \$100 Allowance	Up to \$100
Contacts Disposable	\$0 Copay; 100% of balance over \$100 Allowance	Up to \$100
Contacts Medically Necessary	\$0 Copay; 100% of balance over \$360 Allowance	Up to \$100
Other		
Hearing Care from Amplifon network	Discounts on hearing exam and 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	

No benefits will be paid for services or materials connected with or charges arising from: orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; medical and/or surgical treatment of the eye, eyes or supporting structures; 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; any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; plano (non-prescription) lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; services or materials provided by any other group benefit plan providing vision care; 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 will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change.