eyemed℠

Vision Insurance

FREQUENCY OF SERVICE: LAST DATE OF SERVICES

Member Cost	In-Network	Out-of-Network
Vision Care Services		
Exam With Dilation as Necessary	$10 Co-pay	Up to $30
Retinal Imaging	Up to $39	N/A
Frames	$0 Co-pay; $130 allowance 20% off balance over $130	Up to $65
Standard Progressive Lens		
Single Vision	$10 Co-pay	Up to $25
Bifocal	$10 Co-pay	Up to $40
Trifocal	$10 Co-pay	Up to $60
Standard Progressive Lens	$75 Co-pay	Up to $40
Premium Progressive Lens	$95 Co-pay - $120 Co-pay	N/A
Tier 1	$95 Co-pay	Up to $40
Tier 2	$105 Co-pay	Up to $40
Tier 3	$120 Co-pay	Up to $40
Tier 4	$75 Co-pay, 80% of charge less $120 allowance	Up to $40
Lenticular	$10 Co-pay	Up to $60
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	$15	N/A
Tint (Solid and Gradient)	$15	N/A
Standard Plastic Scratch Coating	$15	N/A
Standard Polycarbonate	$40	N/A
Standard Polycarbonate - Kids under 19	$40	N/A
Standard Anti-Reflective Coating	$45	N/A
Premium Anti-Reflective Coating	$57 - $68	N/A
Tier 1	$57	N/A
Tier 2	$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lens Fit and Follow-Up **(Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)**		
Standard Contact Lens Fit & Follow-Up	Up to $55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Contact Lenses		
Conventional	$0 Co-pay; $110 allowance; 15% off balance over $110	Up to $88
Disposable	$0 Co-pay; $110 allowance; plus balance over $110	Up to $88
Medically Necessary	$0 Co-pay, Paid-in-Full	Up to $210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	