

Vision Care Services	In-Network Member Cost	Out-of Network Reimbursement ¹
Exam with Dilation as necessary	\$15 copay	Up to \$30
Contact Lens Fit & Follow-up Standard contact lens fit & follow-up Premium contact lens fit & follow-up	Up to \$40 10% off retail price	N/A N/A
Frames	\$0 co-pay, \$100 allowance; 20% off balance over \$100	Up to \$50
Standard Plastic Lenses Single vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens ²	\$15 copay \$15 copay \$15 copay \$15 copay \$80 copay Copay based on tier	Up to \$30 Up to \$45 Up to \$60 Up to \$60 Up to \$45 Up to \$45
Lens Options UV Treatment Tint (solid and gradient) Standard plastic scratch coating Standard Polycarbonate - adults Standard polycarbonate - kids under 19 Standard anti-reflective coating Premium anti-reflective coating Polarized Other add-ons and services	\$15 \$15 \$0 copay \$40 \$0 copay \$45 Copay based on tier 20% off retail price 20% off retail price	N/A N/A \$8 N/A \$20 N/A N/A N/A N/A
Contact Lenses (contact lens allowance includes materials only. Any remaining balance for contact lenses may be used within the same benefit frequency)		
Conventional Disposable Medically necessary	\$0 copay, \$100 allowance; 15% off balance over \$100 \$0 copay, \$100 allowance \$0 copay, paid in full	Up to \$80 Up to \$80 \$210 allowance
Laser Vision Correction LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	
Frequency Examination Lenses or contact lenses Frames Laser Vision Correction	Once every 12 months Once every 12 months Once every 24 months Once per lifetime	

ADDITIONAL DISCOUNTS:

- 40% off complete pair of prescription eyeglasses*
- 20% off non-prescription sunglasses*
- 20% off remaining balance beyond plan coverage*

You're on the **INSIGHT** network. For a complete list of providers near you, use our Provider Locator on [EyeMed.com](https://www.eyemed.com) or call 1.877.226.1115. For LASIK providers, call 1.800.988.4221.

**INDEPENDENT
PROVIDER
NETWORK**



LENSCRAFTERS®

**PEARLE
VISION**

OPTICAL

*These discounts are for in-network providers only

¹For the period beginning 1/1/2022

²Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. All providers are not required to carry all brands at all levels.

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 certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. See the Provider Locator to find participating providers who offer the discounted rate.

Benefits will be determined based on the certificate of insurance issued by Medical Mutual. Like most insurance plans, this Vision insurance includes certain limitations and exclusions. A complete list of exclusions can be found in the certificate of insurance once the policy is issued.