

## Vision Plan Option

Your EyeMed vision plan includes 40% off additional complete pair of prescription sunglasses and 20% off non-covered items including non-prescription sunglasses.

Vision Care Services	BASE PLAN IN-NETWORK	BASE PLAN OUT-OF- NETWORK	BUY-UP PLAN IN-NETWORK	BUY-UP PLAN OUT-OF- NETWORK
<b>EXAM SERVICES</b> Exam Retinal Imaging	\$10 Copay Up to \$39	Up to \$40 Not covered	\$10 Copay Up to \$39	Up to \$40 Not covered
<b>CONTACT LENS FIT/FOLLOW-UP</b> Fit and Follow-up - Standard Fit and Follow-up - Premium	Up to \$40 10% off retail price	Not covered Not covered	Up to \$40 10% off retail price	Not covered Not covered
<b>FRAME</b> Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$91	\$0 copay; 20% off balance over \$200 allowance	Up to \$140
<b>Standard Plastic Lenses</b> Single Vision Bifocal Trifocal/Lenticular Progressive - Standard Progressive - Premium Tier 1 - 3 Progressive - Premium Tier 1 - 4	\$25 Copay \$25 Copay \$25 Copay \$90 Copay \$110 - 135 \$90 copay, 20% off retail price less \$120 allowance	Up to \$30 Up to \$50 Up to \$70 Up to \$50 Up to \$50 Up to \$50	\$25 Copay \$25 Copay \$25 Copay \$90 Copay \$110 - 135 \$90 copay, 20% off retail price less \$120 allowance	Up to \$30 Up to \$50 Up to \$70 Up to \$50 Up to \$50 Up to \$50
<b>Lens Options</b> Anti Reflective Coating - Standard Anti Reflective - Premium Tier 1/2/3 Photochromic - Non-Glass Polycarbonate - Standard Polycarbonate - Std < 19 years of age Scratch Coating Tint UV Treatment All Other Lens Options	\$45 Copay \$57 / \$68 / 20% off retail \$75 \$40 \$0 copay \$15 \$15 \$15 20% off retail price	Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered	\$45 Copay \$57 / \$68 / 20% off retail \$75 \$40 \$0 Copay \$15 \$15 \$15 20% off retail price	Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered
<b>Contact Lenses</b> Contacts - Conventional	\$0 copay; 15% off balance over \$130	Up to \$130	\$0 copay; 100% of balance over \$200	Up to \$200
Contacts - Disposable	\$0 copay; 100% of balance over \$130	Up to \$130	\$0 copay; 100% of balance over \$200	Up to \$200
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300	\$0 copay; paid-in-full	Up to \$300
<b>Other</b> Hearing Care from Amplifon Network Lasik or PRK from U.S. Laser Network	Discounts up to 66% off on hearing aids; call 877.203.0675 15% off retail or 5% off promo price; call 800.988.4221			
<b>Frequency</b> Examination, Lenses & Contacts Frame	Once every plan year Once every other plan year		Once every plan year Once every plan year	

### SAVINGS + CONVENIENCE + CHOICE



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.

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 **866.939.3633** or visit [eyemed.com](http://eyemed.com).

Vision Contributions	Per paycheck	
	Base Plan	Buy-up Plan
<b>Employee</b>	\$2.50	\$5.43
<b>Employee &amp; Spouse</b>	\$4.00	\$8.70
<b>Employee &amp; Child(ren)</b>	\$4.00	\$8.89
<b>Employee &amp; Family</b>	\$7.00	\$14.32

### FIND AN EYE DOCTOR

[eyedoclocator.eyemedvisioncare.com/member/](http://eyedoclocator.eyemedvisioncare.com/member/)