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VISION CARE SERVICES IN-NETWORK MEMBER COST OUT-OF-INETWORK MEMBER REIMBURSEMENT EXAM SERVICES S0 copay Up to \$35 Exam Retinal Imaging Up to \$39 Nat covered CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up - Standard \$0 copay, 10% off retail price less \$40 allowance Up to \$40 Fit and Follow-up - Standard S0 copay, 20% off retail price less \$40 allowance Up to \$40 FRAME Frame Up to \$25 Frame S0 copay, 20% off balance over \$200 allowance Up to \$40 ENSES Up to \$25 Up to \$40 Bifocal \$10 copay Up to \$56 Lenticular \$10 copay Up to \$77 Progressive - Standard \$10 copay Up to \$77 Progressive - Standard \$10 copay Up to \$77 Progressive - Premium Tier 1 - 3 \$30 - 55 copay Up to \$77 Progressive - Standard \$0 copay, 20% off retail price less \$120 allowance Up to \$32 Anti Reflective Coating - Standard \$0 copay Up to \$32 Anti Reflective Coating - Standard \$0 copay Up to \$28 Serath Coating - Standard \$0 copay Up to \$32 Anti Reflective Coating - Standard \$0 copay Up to \$32 Anti Reflective Coating - Standard \$0 copay Up t	SUMMARY OF BENEFITS			
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(Plan allows the member to receive either contacts and frame or frame and lens services)	Contact Lens Fit and Follow-up	Once every plan year	Once every plan year	

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

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. 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 are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a angshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at 1n-Network locations. Discount does not apply to Provider's professional services or contact lenses. Fixed discount rate with certain participating providers. Please see the online provider low to device to define your benefits. The Certificate of Insurance or contact lenses. Fixed tier pric

Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,¹ but our long list of special offers takes benefits even further.

Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

¹Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.





Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).



LENSCRAFTERS



