



Access Exam Plus \$15  
Toll Free Customer Service 844-261-9033



Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$15 Copay	\$32
<b>Complete Pair Eyeglasses Purchase Discounts*: Frame, lenses and lens options must be purchased in same transaction to receive full discount</b>		
<b>Frames:*</b> Any available frame at provider location	35% off retail price	N/A
<b>Standard Plastic Lenses</b> Single Vision \$50 Bifocal \$70 Trifocal \$105 Standard Progressive Lens \$135		N/A N/A N/A N/A
<b>Lens Options*:</b> UV Treatment \$15 Tint (Solid and Gradient) \$15 Standard Plastic Scratch Coating \$15 Standard Polycarbonate - Adults \$40 Standard Polycarbonate - Kids under 19 \$40 Standard Anti-Reflective Coating \$45 Polarized 20% off Retail Price Other Add-Ons 20% off Retail Price		N/A N/A N/A N/A N/A N/A N/A
<b>Contact Lenses</b> <i>(Discount applied to materials only)</i> Conventional 15% off retail price Disposable 0% off retail price		N/A N/A N/A
<b>Laser Vision Correction</b> Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
<b>Frequency:</b> Examination Once every 12 months Lenses or Contact Lenses Unlimited Frame Unlimited		

\*Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.

\* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. 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 EyeMed's online provider locator to determine which

**Additional Discounts:**

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services or contact lenses; or services or materials provided by any other group benefit plan providing vision care may not be covered. Plan discounts cannot be combined with any other discounts or promotional offers.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

**Plan Exclusions:**

- 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures
- 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear
- 4) 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;
- 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;
- 8) 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; 9) Services or materials provided by any other group benefit plan providing vision care;
- 10) 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.