



Snapshot

Provides coverage for lenses, frames, and contact lenses

Provider

EyeMed
(866) 939-3633

eyemed.com

Plan number:

9940354
Insight Plan H

Resources:

For Lasik providers call

855-450-3937

or visit

www.eyemedlasik.com/#/home

Vision Program

(with or without medical coverage)

When you participate in any one of the three medical plan options, there is NO charge for vision coverage.

If you do not participate in a medical plan, you may elect vision coverage only, which has a biweekly premium (refer to premium).

| Vision Care Services | Member cost In-Network | Out-of Network Reimbursement |
|---|---|------------------------------|
| Exam With Dilation as Necessary | \$20 Copay | Up to \$30 |
| 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 |
| Frames | \$0 Copay; \$130 allowance; 20% off retail price over \$130 | Up to \$65 |
| Standard Plastic Lenses | | |
| Single Vision | \$25 Copay | Up to \$25 |
| Bifocal | \$25 Copay | Up to \$40 |
| Trifocal | \$25 Copay | Up to \$60 |
| Standard Progressive Lens | \$90 Copay | Up to \$40 |
| Premium Progressive Lens | \$110 Copay - \$135 Copay | |
| Tier 1 | \$110 Copay | Up to \$40 |
| Tier 2 | \$120 Copay | Up to \$40 |
| Tier 3 | \$135 Copay | Up to \$40 |
| Tier 4 | \$90 Copay, 80% of charge less \$120 allowance | Up to \$40 |
| Lenticular | \$25 Copay | Up to \$60 |
| Lens Options (paid by the member and added to the base price of the lens) | | |
| UV Treatment | \$15 Copay | N/A |
| Tint (Solid and Gradient) | \$15 Copay | N/A |
| Standard Plastic Scratch Coating | \$15 Copay | N/A |
| Standard Polycarbonate | \$40 Copay | N/A |
| Standard Polycarbonate – kinds under 19 | \$40 Copay | N/A |
| Standard Anti-Reflective Coating | \$45 Copay | N/A |
| Premium Anti-Reflective Coating | \$57-\$68 Copay | N/A |
| Tier 1 | \$57 Copay | N/A |
| Tier 2 | \$68 Copay | N/A |
| Tier 3 | 80% of charge | N/A |
| Photochromic/Transitions | \$75 Copay | N/A |
| Polarized | 20% of retail price | N/A |
| Other Add-Ons and Services | 20% of retail price | N/A |
| Contact Lenses | | |
| Conventional | \$0 Copay; \$130 allowance; 15% off retail price over \$130 | Up to \$104 |
| Disposable | \$0 Copay; \$130 allowance; plus balance over \$130 | Up to \$104 |
| Medically Necessary | \$0 copay, Paid in Full | Up to \$210 |
| Laser Vision Correction | | |
| Lasik or PRX from U.S. Laser Network | 15% off the retail price or 5% off the promotional price | N/A |
| Frequency | | |
| Examination | Once every 12 months defined by benefit frequency (Calendar Year) | |
| Lenses or Contact Lenses | Once every 12 months defined by benefit frequency (Calendar Year) | |
| Frame | Once every 12 months defined by benefit frequency (Calendar Year) | |