

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Copay	Up to \$30
Contact Lens Fit and Follow-Up <i>(Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)</i>		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Frames	\$0 Copay; \$130 allowance; 80% of charge 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	Up to \$40
Premium Progressive	\$90, 80% of charge less \$120 Allowance	Up to \$40
Lenticular	\$25 Copay	Up to \$60
Lens Options <i>(paid by the member and added to the base price of the lens)</i>		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses		
Conventional	\$0 Copay; \$120 allowance; 15% off retail price over \$120	Up to \$96
Disposable	\$0 Copay; \$120 allowance; plus balance over \$120	Up to \$96
Medically Necessary	\$0 Copay, Paid in Full	Up to \$200
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

### Want to learn more?

- For a complete list of providers near you, use our Provider Locator on [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and choose the SELECT network or call 1-866-299-1358.
- For Lasik providers, call 1-877-5LASER6.

### Additional Discounts and Features:

- 40% off additional eyewear purchases.
- 20% off non-prescription sunglasses.
- 20% off remaining balance beyond plan coverage.
- Laser vision correction - 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.

### EyeMed Vision Care Monthly Cost

Employee only: \$3.97 Employer paid

Employee + Spouse: \$3.57

Employee + Children: \$3.97

Employee + Family: \$7.70