

EyeMed Vision Care Plan for Exempt Employees

Benefit Frequency (Based on last date of service)	In-Network	Out-of-Network
Routine Exam/Frame/Lens	Once every 12 months	Once every 12 months
Service	Your In-Network Cost	Your Out-of-Network Reimbursement*
Exam	\$10 co-pay	Up to \$25
Dilation as necessary	\$0	
Refraction	\$0	
Retinal Imaging	Up to \$39	N/A
Exam Options – Contact Lenses		
Standard Fit and Follow-Up	Up to \$40	N/A
Premium Fit and Follow-Up	90% of retail price	
Frames	\$0 copay, plus 80% of balance over \$120	Up to \$18
Standard Plastic Lenses		
Single Vision	\$15 copay	Up to \$25
Bifocal	\$15 copay	Up to \$35
Trifocal	\$15 copay	Up to \$52
Lenticular	\$15 copay	Up to \$62
Standard Progressive	\$15 copay	Up to \$52
Premium Progressives (Tier 1-4)	\$15 copay	Up to \$52
Standard Lens Options		
UV coating	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard scratch resistance	\$15	N/A
Standard polycarbonate	\$0	Up to \$0
Standard anti-reflective coating	\$45	N/A
Premium anti-reflective coating (Tier 1/2)	\$57/\$68	N/A
Premium anti-reflective coating (Tier 3)	80% of retail price	N/A
Polarized	80% of retail price	N/A
Photocromatic/Transitions Plastic	\$75	N/A
Other add-ons and services	80% of retail price	N/A
Contact Lenses**		
Conventional (Instead of lenses and frames)	\$0 copay, plus 85% of balance over \$125	Up to \$125
Disposable (Instead of lenses and frames)	\$0 copay, plus 100% of balance over \$125	Up to \$125
Medically necessary	\$0	Up to \$210
LASIK or PRK from US Laser Network	85% of retail price, or 95% of promotional price, whichever is less	N/A
Low Vision		
Supplemental Testing	Covered in full	Up to \$125 allowance
Low Vision Aids	25% copay up to \$1,000	25% copay up to \$1,000 allowance

* You are responsible to pay the out-of-network provider in full at the time of service and then submit an out-of-network claim for reimbursement. You will be reimbursed up to the amount shown on the chart.

** For prescription contact lenses for only one eye, the benefit will pay one-half of the amount payable for contact lenses for both eyes.

Benefit allowances provide no remaining balance for future use within the same benefit frequency.