

Vision PPO

Plan 1A

Exams and Materials

With this plan you and your dependents may select an EyeMed Vision Care Provider or visit any licensed vision care provider. To locate an EyeMed provider near you, visit www.eyemedvisioncare.com or call 866.723.0514 and select the EyeMed Access Network. Plan allows member to receive either contacts and frame, OR frame and eyeglass lens services.

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Frequency Contacts or Other Packages Exam Frame Lens	Once within a 12 month period defined by benefit plan year.	
Exam Exam with Dilation as necessary	\$10 Co-pay	Up to \$42
Lens Single Vision Bifocal Trifocal Standard Progressive Premium Progressive	\$10 Co-pay \$10 Co-pay \$10 Co-pay \$75 Co-pay \$75 Co-pay, and 80% of Retail Charge, less \$120 Allowance	Up to \$35 Up to \$40 Up to \$65 Up to \$40 Up to \$40
Frame Any frame at provider location	80% of Retail Charge, less \$130 Allowance	Up to \$65
Lens Options UV Coating Tint (Solid and Gradient) Standard Scratch-resistant Standard Polycarbonate Standard Anti-reflective Coating Other Add-ons and Services	\$15 Co-pay \$15 Co-pay \$15 Co-pay \$40 Co-pay \$45 Co-pay 80% of Retail Charge	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
Contact Lenses Standard Fit and Follow-up Premium Fit and Follow-up Contact Lens - Conventional Contact Lens - Disposable Medically Necessary Contacts	\$0 Co-pay 90% of Retail Charge, less \$55 Allowance 85% of Retail Charge, less \$130 Allowance Retail Charge, less \$130 Allowance \$0 Co-pay, paid in full	Up to \$40 Up to \$40 Up to \$104 Up to \$104 Up to \$200
LASIK or PRK Vision Correction (Call 1-877-5LASER6 for discount)	85% of Retail Charge or 95% of Promotional Price	Not Covered

Additional Purchases and Out-of-Pocket Discount: Members will receive a 20% discount on remaining balance at participating EyeMed providers beyond plan coverage, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed's provider's professional services or disposable contact lenses.

This document provides a summary of the plan's benefits only. For the official plan details and exclusions and limitations, please refer to the plan's Certificate of Insurance. A summary is also available with your member ID card.