

## Scott County - Exam and Materials

DU

40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including nonprescription sunglasses

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- eyemed.com
- · EyeMed Members App
- For LASIK, call
   1.800.988.4221

## Heads Up

You may have additional benefits.
Log into eyemed.com/member to see all plans included with your benefits.

NI-NETWORK   MEMBER COST   MEMBER NORK   MEMBER REIMBURSEMENT	SUMMARY OF BENEFITS			
Exam   \$10 copay   Up to \$40   Not covered   CONTACT LENS FIT AND FOLLOW-UP   Fit and Follow-up - Standard   Up to \$40 contact lens fit and two follow-up visits   Not covered   FRAME   Frame   SO copay: 20% off balance over \$170 allowance   FRAME   Frame   SO copay: 20% off balance over \$170 allowance   FRAME   Frame   SO copay: 20% off balance over \$170 allowance   FRAME   Frame   SO copay: 20% off balance over \$170 allowance   FRAME   Frame   SO copay: 20% off balance over \$170 allowance   FRAME   Frame   SO copay   Up to \$19   Frame   SO copay   Up to \$50   Frogressive - Standard   SO copay   Up to \$70   Frogressive - Premium Tier 1 - 3   SI05 - I30 copay   Up to \$50   Frogressive - Premium Tier 4   S85 copay   Up to \$50   Frogressive - Premium Tier 1 - 2   S85 copay   Up to \$50   Frogressive - Premium Tier 1 - 2   S85 copay   Up to \$50   Frogressive - Premium Tier 1 - 3   S105 - I30 copay   Up to \$50   Frogressive - Premium Tier 1 - 2   S85 copay   Up to \$50   Frogressive - Premium Tier 1 - 2   S85 copay   Up to \$50   Frogressive - Premium Tier 1 - 2   S85 copay   Up to \$50   Frogressive - Premium Tier 1 - 2   S85 copay   Up to \$50   Frogressive - Premium Tier 1 - 2   S85 copay   Up to \$50   Frogressive - Premium Tier 1 - 2   S85 copay   Up to \$50   Frogressive - Premium Tier 1 - 2   S85 copay   Up to \$50   Frogressive - Premium Tier 1 - 2   S85 copay   Up to \$50   Frogressive - Premium Tier 1 - 2   S85 copay   Up to \$50   Frogressive - Premium Tier 3   S105 - I30 copay   Up to \$50   Frogressive - Premium Tier 4   S85 copay   Up to \$50   Frogressive - Premium Tier 4   S85 copay   Up to \$50   Frogressive - Premium Tier 4   S85 copay   Up to \$50   Frogressive - Premium Tier 4   S85 copay   Up to \$50   Frogressive - Premium Tier 4   S85 copay   Up to \$50   Frogressive - Premium Tier 4   S85 copay   Up to \$50   Frogressive - Premium Tier 4   S85 copay   Up to \$50   Frogressive - Premium Tier 4   S85 copay   Up to \$50   Frogressive - Premium Tier 4   S85 copay   Up to \$50   Frogressive - Premium Tier 4   S85 cop				
Retinal Imaging  CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up - Standard  Fit and Follow-up - Premium  FRAME Frame  SO capay; 20% off balance over \$170 allowance  STANDARD PLASTIC LENSES Single Vision Bifocal Triffacal S20 capay Up to \$30 Bifocal S20 capay Up to \$50 S30 Bifocal S20 capay Up to \$70 Lenticular Progressive - Standard Progressive - Premium Tier 1 - 3 S85 capay; 20% off tretail price BS S20 capay Up to \$50	EXAM SERVICES			
CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up - Standard  Fit and Follow-up - Premium  10% off retail price  Not covered  FRAME Frame  \$0 copay; 20% off balance over \$170 allowance  STANDARD PLASTIC LENSES Single Vision Bifocal  \$20 copay  Up to \$30 Bifocal  \$20 copay  Up to \$50  Up to \$70  Progressive - Standard \$20 copay  Up to \$70  Progressive - Premium Tier 1 - 3 \$105 - 130 copay  Up to \$50  Up to \$50  Up to \$50  Progressive - Premium Tier 4  \$85 copay; 20% off retail price less \$120 allowance  LENS OPTIONS  Anti Reflective Coating - Premium Tier 1 - 2  Anti Reflective Coating - Premium Tier 3  Every Standard Plastic  Int - Solid and Gradient  Un Treatment  All Other Lens Options  CONTACT LENSES  Contacts - Disposable  Contacts - Disposable  Contacts - Disposable  Contacts - Medically Necessary  Once overy plan in full  Up to \$30  Once every plan year	Exam			
Fit and Follow-up - Standard Fit and Follow-up - Premium Fit and Follow-up - Premium Fit and Follow-up - Premium Frame  So copay; 20% off balance over \$170 allowance  STANDARD PLASTIC LENSES Single Vision Bifocal Space opay Space o	Retinal Imaging	Up to \$39	Not covered	
Fit and Follow-up - Premium  10% off retail price  Not covered  FRAME Frame  S0 capay: 20% off balance over \$170 allowance  STANDARD PLASTIC LENSES  Single Vision  Bifacal  S20 capay  Up to \$30  Bifacal  S20 capay  Up to \$70  Lenticular  S20 capay  Lenticular  Lenticular  S20 capay  Lenticular  S20 capay  Lenticular  S20 capay  Lenticular  Lentic	CONTACT LENS FIT AND FOLLOW-UP			
Fit and Follow-up - Premium 10% off retail price Not covered  FRAME Frame SO copay; 20% off balance over \$170 allowance  STANDARD PLASTIC LENSES Single Vision \$20 copay Up to \$30 Bifocal \$20 copay Up to \$50 Trifocal \$20 copay Up to \$50 Trifocal \$20 copay Up to \$70 Lenticular \$20 copay Up to \$70 Progressive - Standard \$20 copay Up to \$50 Progressive - Premium Tier 1 - 3 \$105 - 130 copay Up to \$50 Progressive - Premium Tier 1 - 3 \$105 - 130 copay Up to \$50 Progressive - Premium Tier 4 \$85 copay; 20% off retail price Up to \$50 Progressive - Premium Tier 4 \$85 copay; 20% off retail price Up to \$50  LENS OPTIONS Anti Reflective Coating - Standard \$45 Not covered Anti Reflective Coating - Premium Tier 1 - 2 \$57 - 68 Not covered Anti Reflective Coating - Premium Tier 3 20% off retail price Not covered Polycarbonate - Non-Glass \$75 Polycarbonate - Standard \$40 Not covered Not covered Not covered Scratch Coating - Standard \$40 Not covered Not covered Scratch Coating - Standard \$15 Not covered Not covered UV Treatment \$15 Not covered Not covered UV Treatment \$15 Not covered Not covered Not covered Not Covered Not Covered Not covered Scratch Coating - Standard Plastic \$15 Not covered Not covered UV Treatment \$15 Not covered Not Cover	Fit and Follow-up - Standard	Up to \$40; contact lens fit and	Not covered	
Frame  \$0 copay, 20% off balance over \$170 allowance  STANDARD PLASTIC LENSES  Single Vision  \$20 copay  Up to \$30 Bifocal  \$20 copay  Up to \$50 Trifocal  Lenticular  \$20 copay  Up to \$70 Lenticular  \$20 copay  Up to \$70 Lenticular  \$20 copay  Up to \$70 Lenticular  \$20 copay  Up to \$50 Progressive - Standard  \$85 copay  Progressive - Premium Tier 1 - 3  \$85 copay; 20% off retail price less \$120 allowance  LENS OPTIONS  Anti Reflective Coating - Standard  Anti Reflective Coating - Premium Tier 1 - 2  Anti Reflective Coating - Premium Tier 1 - 2  Anti Reflective Coating - Premium Tier 3  Photochromic - Non-Glass  Photochromic - Non-Glass  \$75  Not covered  Anti Reflective Coating - Standard  Anti Reflective Coating - Standard  \$40  Not covered  Not covered  S15  Not covered  Tint - Solid and Gradient  Ureatment  \$15  Not covered  And Other Lens Options  CONTACT LENSES  Contacts - Conventional  \$0 copay; 15% off balance over \$170 allowance  Contacts - Disposable  Contacts - Medically Necessary  \$0 copay; 100% of balance over \$170 allowance  S0 copay; 100% of palance over \$170 allowance  S0 copay; 100% of palance over \$170 allowance  Contacts - Medically Necessary  \$0 copay; paid in full  Up to \$300  OTHER  Hearing Care from Amplifon Network  LASIK or PRK from U.S. Laser Network  I \$60 off retail or 5% off promo price; call 1.800.988.4221  FREQUENCY  ALLOWED FREQUENCY - KIDS  ADULTS  ALLOWED FREQUENCY - KIDS  ADULTS  Conce every plan year  Once every plan year	Fit and Follow-up - Premium		Not covered	
Frame  \$0 copay, 20% off balance over \$170 allowance  STANDARD PLASTIC LENSES  Single Vision  \$20 copay  Up to \$30 Bifocal  \$20 copay  Up to \$50 Trifocal  Lenticular  \$20 copay  Up to \$70 Lenticular  \$20 copay  Up to \$70 Lenticular  \$20 copay  Up to \$70 Lenticular  \$20 copay  Up to \$50 Progressive - Standard  \$85 copay  Progressive - Premium Tier 1 - 3  \$85 copay; 20% off retail price less \$120 allowance  LENS OPTIONS  Anti Reflective Coating - Standard  Anti Reflective Coating - Premium Tier 1 - 2  Anti Reflective Coating - Premium Tier 1 - 2  Anti Reflective Coating - Premium Tier 3  Photochromic - Non-Glass  Photochromic - Non-Glass  \$75  Not covered  Anti Reflective Coating - Standard  Anti Reflective Coating - Standard  \$40  Not covered  Not covered  S15  Not covered  Tint - Solid and Gradient  Ureatment  \$15  Not covered  And Other Lens Options  CONTACT LENSES  Contacts - Conventional  \$0 copay; 15% off balance over \$170 allowance  Contacts - Disposable  Contacts - Medically Necessary  \$0 copay; 100% of balance over \$170 allowance  S0 copay; 100% of palance over \$170 allowance  S0 copay; 100% of palance over \$170 allowance  Contacts - Medically Necessary  \$0 copay; paid in full  Up to \$300  OTHER  Hearing Care from Amplifon Network  LASIK or PRK from U.S. Laser Network  I \$60 off retail or 5% off promo price; call 1.800.988.4221  FREQUENCY  ALLOWED FREQUENCY - KIDS  ADULTS  ALLOWED FREQUENCY - KIDS  ADULTS  Conce every plan year  Once every plan year	EDAME			
Single Vision Bifocal \$20 copay Up to \$30 Bifocal \$20 copay Up to \$50 Trifocal Lenticular \$20 copay Up to \$70 Lenticular \$20 copay Up to \$70 Lenticular \$20 copay Up to \$50 Progressive - Standard \$55 copay Progressive - Premium Tier 1 - 3 \$105 - 130 copay Up to \$50 Progressive - Premium Tier 4 S85 copay; 20% off retail price less \$120 allowance  LENS OPTIONS Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 - 2 \$57 - 68 Not covered Anti Reflective Coating - Premium Tier 3 20% off retail price Not covered Polycarbonate - Standard \$40 Not covered Polycarbonate - Standard Plastic S15 Not covered UV Treatment \$15 Not covered UV Treatment \$15 Not covered All Other Lens Options CONTACT LENSES Contacts - Conventional \$0 copay; 15% off balance over \$170 allowance Contacts - Disposable Contacts - Disposable Contacts - Medically Necessary S0 copay; 100% of balance over \$170 allowance Contacts - Medically Necessary S0 copay; paid in full Up to \$300  OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network Iff retail price Once every plan year Once every other plan year			Up to \$119	
Single Vision Bifocal \$20 copay Up to \$30 Bifocal \$20 copay Up to \$50 Trifocal Lenticular \$20 copay Up to \$70 Lenticular \$20 copay Up to \$70 Lenticular \$20 copay Up to \$50 Progressive - Standard \$55 copay Progressive - Premium Tier 1 - 3 \$105 - 130 copay Up to \$50 Progressive - Premium Tier 4 S85 copay; 20% off retail price less \$120 allowance  LENS OPTIONS Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 - 2 \$57 - 68 Not covered Anti Reflective Coating - Premium Tier 3 20% off retail price Not covered Polycarbonate - Standard \$40 Not covered Polycarbonate - Standard Plastic S15 Not covered UV Treatment \$15 Not covered UV Treatment \$15 Not covered All Other Lens Options CONTACT LENSES Contacts - Conventional \$0 copay; 15% off balance over \$170 allowance Contacts - Disposable Contacts - Disposable Contacts - Medically Necessary S0 copay; 100% of balance over \$170 allowance Contacts - Medically Necessary S0 copay; paid in full Up to \$300  OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network Iff retail price Once every plan year Once every other plan year	STANDARD DI ASTIC I ENSES			
Biffocal \$20 copay Up to \$50 Trifocal \$20 copay Up to \$70 Lenticular \$20 copay Up to \$70 Progressive - Standard \$85 copay Up to \$70 Progressive - Premium Tier 1 - 3 \$105 - 130 copay Up to \$50 Progressive - Premium Tier 4 \$85 copay; 20% off retail price Up to \$50 LENS OPTIONS Anti Reflective Coating - Standard \$45 Not covered Anti Reflective Coating - Premium Tier 3 \$20% off retail price Not covered Anti Reflective Coating - Premium Tier 3 \$20% off retail price Not covered Polycarbonate - Standard \$40 Not covered Not covered Scratch Coating - Standard \$40 Not covered Not covered Scratch Coating - Standard \$40 Not covered Not covered Scratch Coating - Standard \$40 Not covered Scratch Coating - Standard \$40 Not covered Scratch Coating - Standard \$41 Not covered Scratch Coating - Standard Square Square Not covered Scratch Coating - Standard Plastic \$15 Not covered Square Not covered Scratch Coating - Standard Plastic \$15 Not covered Square Not covered Not covered Square Not covered Not covere		\$20 copay	Up to \$30	
Trifocal Lenticular Progressive - Standard Progressive - Premium Tier 1 - 3 Progressive - Premium Tier 4 S85 copay Progressive - Premium Tier 4 S85 copay; 20% off retail price less \$120 allowance  LENS OPTIONS Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 - 2 Anti Reflective Coating - Premium Tier 1 - 2 Anti Reflective Coating - Premium Tier 3 Photochromic - Non-Glass Progressive - Standard Anti Reflective Coating - Premium Tier 1 - 2 Photochromic - Non-Glass Progresive - Premium Tier 3 Photochromic - Non-Glass Progresive - Premium Tier 3 Photochromic - Non-Glass Progresive - Premium Tier 1 - 2 Photochromic - Non-Glass Progresive - Premium Tier 1 - 2 Photochromic - Non-Glass Progresive - Premium Tier 1 - 2 Photochromic - Non-Glass Progresive - Premium Tier 1 - 2 Photochromic - Non-Glass Progresive - Premium Tier 1 - 2 Photochromic - Non-Glass Progresive - Premium Tier 1 - 2 Photochromic - Non-Glass Progresive - Premium Tier 1 - 2 Photochromic - Non-Glass Progresive - Premium Tier 1 - 2 Photochromic - Non-Glass Progresive - Premium Tier 1 - 2 Photochromic - Non-Glass Progresive - Premium Tier 1 - 2 Photochromic - Non-Glass Progressive - Premium Tier 1 - 2 Photochromic - Non-Glass Progressive - Premium Tier 1 - 2 Photochromic - Non-Glass Progressive - Premium Tier 1 - 2 Photochromic - Non-Covered Progressive - Premium Tier 1 - 2 Photochromic - Non-Glass Progressive - Premium Tier 1 - 2 Photochromic - Non-Covered Progress Progressive - Premium Tier 1 - 2 Photochromic - Non-Covered Progressive - Premium Tier 1 - 2 Photochromic - Non-Covered Progressive - Premium Tier 1 - 2 Photochromic - Non-Covered Progress Progress Premium Tier 1 - 2 Photochromic - Non-Covered Photo	O .			
Lenticular Progressive - Standard Progressive - Premium Tier 1 - 3 Progressive - Premium Tier 1 - 3 Progressive - Premium Tier 4  LENS OPTIONS Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 3 Anti Reflective Coating - Premium Tier 4 Altowered Anti Reflective Coating - Premium Tier 1 - 2 Anti Reflective Coating - Premium Tier 1 - 2 Anti Reflective Coating - Premium Tier 1 - 2 Altowered Anti Reflective Coating - Premium Tier 1 - 2 Altowered Anti Reflective Coating - Premium Tier 1 - 2 Altowered Anti Reflective Coating - Not covere				
Progressive - Premium Tier 1 - 3 Progressive - Premium Tier 1 - 3 Progressive - Premium Tier 4 Progressive - Premium Tier 2 Progress			Up to \$70	
Progressive - Premium Tier 1 - 3 Progressive - Premium Tier 1 - 3 Progressive - Premium Tier 4  Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 - 2 Progressive - Premium Tier 3 Progressive - Premium Tier 4 Progressive - Premium Tier 2 Progressive - Premium Tier	Progressive - Standard	\$85 copay	Up to \$50	
LENS OPTIONS Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 - 2 \$57 - 68 Not covered Anti Reflective Coating - Premium Tier 3 20% off retail price Not covered Photochromic - Non-Glass \$75 Not covered Photochromic - Non-Glass \$75 Not covered Polycarbonate - Standard \$40 Not covered Scratch Coating - Standard Plastic \$15 Not covered Tint - Solid and Gradient \$15 Not covered UV Treatment \$15 Not covered All Other Lens Options 20% off retail price Not covered CONTACT LENSES Contacts - Conventional \$170 allowance Contacts - Disposable \$0 copay; 15% off balance over \$170 allowance Contacts - Medically Necessary \$0 copay; paid in full Up to \$300  OTHER Hearing Care from Amplifon Network Up to 66% off hearing aids; call Not covered LASIK or PRK from U.S. Laser Network Drice; call 1800.988.4221  FREQUENCY ADULTS Conce every plan year Once every plan year Conce every plan year Once every plan year Conce every plan year	0	\$105 - 130 copay	Up to \$50	
Anti Reflective Coating – Standard Anti Reflective Coating – Premium Tier 1 – 2 S57 – 68 Not covered Anti Reflective Coating – Premium Tier 1 – 2 Anti Reflective Coating – Premium Tier 3 20% off retail price Not covered Photochromic – Non-Glass S75 Not covered Polycarbonate – Standard S40 Not covered Scratch Coating – Standard Plastic S15 Not covered UV Treatment S15 Not covered UV Treatment All Other Lens Options 20% off retail price Not covered UV Treatment S15 Not covered UV Treatment S16 Not covered UV Treatment S17 UP to \$170 S170 allowance Up to \$170 S170 allowance Contacts – Disposable S0 copay; 100% of balance over \$170 allowance Up to \$300  OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network UP to 66% off hearing aids; call S1877.203.0675 LASIK or PRK from U.S. Laser Network ALLOWED FREQUENCY – ADULTS  Exam Once every plan year Once every plan year Once every other plan year Once every plan year	0	\$85 copay; 20% off retail price less \$120 allowance	Up to \$50	
Anti Reflective Coating – Premium Tier 1 - 2 Anti Reflective Coating – Premium Tier 3 20% off retail price Not covered Photochromic – Non-Glass \$75 Not covered Photochromic – Standard \$40 Not covered Scratch Coating – Standard \$40 Not covered Scratch Coating – Standard \$40 Not covered Scratch Coating – Standard Plastic \$15 Not covered Tint – Solid and Gradient \$170 allowance Tint – Solid	LENS OPTIONS			
Anti Reflective Coating - Premium Tier 3 Photochromic - Non-Glass Polycarbonate - Standard Polycarbonate - Standard S40 Not covered Scratch Coating - Standard Plastic S15 Not covered Tint - Solid and Gradient UV Treatment All Other Lens Options  CONTACT LENSES Contacts - Conventional S170 allowance Contacts - Disposable Contacts - Medically Necessary  OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network  Exam FREQUENCY  ADULTS  Polycarbonate - Standard Plastic S15 Not covered Not covered Not covered Not covered VUp to \$170 Not covered VUp to \$170 VIp to \$170 VIp to \$170 VIp to \$170 VIp to \$300 VIP to \$170 VIP	Anti Reflective Coating - Standard	\$45	Not covered	
Anti Reflective Coating - Premium Tier 3 Photochromic - Non-Glass Polycarbonate - Standard Polycarbonate - Standard S40 Not covered Scratch Coating - Standard Plastic S15 Not covered Tint - Solid and Gradient UV Treatment All Other Lens Options  CONTACT LENSES Contacts - Conventional S170 allowance Contacts - Disposable Contacts - Medically Necessary  OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network  Exam FREQUENCY  ADULTS  Polycarbonate - Standard Plastic S15 Not covered Not covered Not covered Not covered VUp to \$170 Not covered VUp to \$170 VIp to \$170 VIp to \$170 VIp to \$170 VIp to \$300 VIP to \$170 VIP	Anti Reflective Coating - Premium Tier 1 - 2	\$57 <b>-</b> 68	Not covered	
Polycarbonate – Standard Scratch Coating – Standard Plastic Sits Not covered Scratch Coating – Standard Plastic Sits Not covered UV Treatment Sits Not covered All Other Lens Options 20% off retail price Not covered Not covered Not covered Not covered All Other Lens Options 20% off retail price CONTACT LENSES Contacts – Conventional Sitro allowance Contacts – Disposable So copay; 15% off balance over Sitro allowance Contacts – Medically Necessary So copay; 100% of balance over \$170 allowance Contacts – Medically Necessary So copay; paid in full Up to \$300  OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network Up to 66% off hearing aids; call 1.877.203.0675 LASIK or PRK from U.S. Laser Network Disposable So copay; paid in full Up to \$300  OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network Disposable So off retail or 5% off promo price; call 1.800.988.4221  FREQUENCY ALLOWED FREQUENCY - ALLOWED FREQUENCY - KIDS ADULTS  Exam Once every plan year Once every plan year Once every plan year Once every plan year Once every other plan year Once every plan year Once every plan year	Anti Reflective Coating - Premium Tier 3	20% off retail price	Not covered	
Scratch Coating - Standard Plastic  Tint - Solid and Gradient  UV Treatment  All Other Lens Options  CONTACT LENSES  Contacts - Conventional  Contacts - Disposable  Contacts - Medically Necessary  OTHER  Hearing Care from Amplifon Network  LASIK or PRK from U.S. Laser Network  FREQUENCY  ALLOWED FREQUENCY - ADULTS  Exam  Frame  Lenses  Not covered  Not c	Photochromic - Non-Glass	•	Not covered	
Tint - Solid and Gradient  UV Treatment  All Other Lens Options  CONTACT LENSES  Contacts - Conventional  Contacts - Disposable  Contacts - Medically Necessary  Contacts - Medically Necessary  Contacts - Medically Necessary  So copay; 15% off balance over \$170 allowance  Contacts - Medically Necessary  So copay; 100% of balance over \$170 allowance  Contacts - Medically Necessary  So copay; paid in full  Up to \$300  Contacts - Medically Necessary  Up to 66% off hearing aids; call 1.877.203.0675  LASIK or PRK from U.S. Laser Network  LASIK or PRK from U.S. Laser Network  Tisk off retail or 5% off promo price; call 1.800.988.4221  FREQUENCY  ALLOWED FREQUENCY - ALLOWED FREQUENCY - ADULTS  Exam  Once every plan year  Once every other plan year  Once every plan year	Polycarbonate - Standard		Not covered	
UV Treatment All Other Lens Options 20% off retail price Not covered Not cover		•		
All Other Lens Options  20% off retail price  Not covered  CONTACT LENSES  Contacts - Conventional  \$0 copay; 15% off balance over Up to \$170 \$170 allowance  Contacts - Disposable  \$0 copay; 100% of balance over \$170 allowance  Contacts - Medically Necessary  \$0 copay; paid in full  Up to \$300  OTHER  Hearing Care from Amplifon Network  LASIK or PRK from U.S. Laser Network  15% off retail or 5% off promo price; call 1.800.988.4221  FREQUENCY  ALLOWED FREQUENCY - ALLOWED FREQUENCY - ADULTS  Exam  Once every plan year  Once every plan year  Once every other plan year  Once every plan year	Tint - Solid and Gradient		Not covered	
CONTACT LENSES Contacts - Conventional \$0 copay; 15% off balance over Up to \$170 \$170 allowance Contacts - Disposable \$0 copay; 100% of balance over \$170 allowance Contacts - Medically Necessary \$0 copay; paid in full Up to \$300  OTHER Hearing Care from Amplifon Network Up to 66% off hearing aids; call 1.877.203.0675  LASIK or PRK from U.S. Laser Network 15% off retail or 5% off promo price; call 1.800.988.4221  FREQUENCY ALLOWED FREQUENCY - ALLOWED FREQUENCY - ADULTS  Exam Once every plan year Once every other plan year Once every other plan year Once every plan year Once every plan year Once every plan year Once every plan year	UV Treatment	\$15	Not covered	
Contacts - Conventional  \$0 copay; 15% off balance over Up to \$170 \$170 allowance  Contacts - Disposable  \$0 copay; 100% of balance over Up to \$170 over \$170 allowance  Contacts - Medically Necessary  \$0 copay; 100% of balance Up to \$170 over \$170 allowance  Contacts - Medically Necessary  \$0 copay; paid in full  Up to \$300  OTHER  Hearing Care from Amplifon Network  Up to 66% off hearing aids; call Not covered 1.877.203.0675  LASIK or PRK from U.S. Laser Network  15% off retail or 5% off promo price; call 1.800.988.4221  FREQUENCY  ALLOWED FREQUENCY - ALLOWED FREQUENCY - ADULTS  Exam  Once every plan year Once every plan year Once every other plan year Once every other plan year Once every plan year Once every plan year	All Other Lens Options	20% off retail price	Not covered	
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Contacts - Disposable \$0 copay; 100% of balance over \$170 allowance  Contacts - Medically Necessary \$0 copay; paid in full Up to \$300  OTHER  Hearing Care from Amplifon Network Up to 66% off hearing aids; call 1.877.203.0675  LASIK or PRK from U.S. Laser Network 15% off promo price; call 1.800.988.4221  FREQUENCY ALLOWED FREQUENCY - ALLOWED FREQUENCY - KIDS ADULTS  Exam Once every plan year Once every plan year Once every other plan year  Frame Once every plan year Once every plan year Once every plan year	Contacts - Conventional	\$0 copay; 15% off balance over \$170 allowance	Up to \$170	
Contacts - Medically Necessary  \$0 copay; paid in full  Up to \$300  OTHER  Hearing Care from Amplifon Network  LASIK or PRK from U.S. Laser Network  Up to 66% off hearing aids; call 1.877.203.0675  LASIK or PRK from U.S. Laser Network  15% off retail or 5% off promo price; call 1.800.988.4221  REQUENCY  ALLOWED FREQUENCY - ADULTS  Exam  Once every plan year  Once every plan year  Once every other plan year  Once every plan year	Contacts - Disposable	\$0 copay; 100% of balance		
Hearing Care from Amplifon Network  LASIK or PRK from U.S. Laser Network  Dy to 66% off hearing aids; call Not covered 1.877.203.0675  LASIK or PRK from U.S. Laser Network  Dy to 66% off hearing aids; call Not covered 1.877.203.0675  Not covered	Contacts - Medically Necessary		Up to \$300	
1.877.203.0675  LASIK or PRK from U.S. Laser Network  15% off retail or 5% off promo price; call 1.800.988.4221  PREQUENCY  ALLOWED FREQUENCY - ALLOWED FREQUENCY - KIDS ADULTS  Exam  Once every plan year  Once every plan year  Once every other plan year  Once every other plan year  Once every plan year	OTHER			
FREQUENCY  ALLOWED FREQUENCY - ADULTS  Exam  Once every plan year  Once every other plan year  Lenses  ALLOWED FREQUENCY - KIDS  ALLOWED FREQUENCY - KIDS  Once every plan year	Hearing Care from Amplifon Network	Up to 66% off hearing aids; call 1.877.203.0675	Not covered	
Exam Once every plan year Once every plan year Frame Once every other plan year Once every other plan year Lenses Once every plan year Once every plan year	LASIK or PRK from U.S. Laser Network		Not covered	
Exam Once every plan year Once every plan year Frame Once every other plan year Once every other plan year Lenses Once every plan year Once every plan year	FREQUENCY		ALLOWED FREQUENCY - KIDS	
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Lenses Once every plan year Once every plan year				
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	Contact Lenses	Once every plan year	Once every plan year	

(Plan allows member to receive either contacts and frame, or frames and lens services.)

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; 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; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; two pair of glasses in lieu of bifocals; electronic vision devices; 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 adate of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to