

INSURANCE COMPANY : EyeMed Vision Plan
 GROUP NUMBER : 9729526
 CUSTOMER SERVICE : 866-268-4063
 WEB SITE : eyemedvisioncare.com
 NETWORK : Select

Voluntary Vision Insurance Triple Option Plan

Frequency	Option 1		Option 2		Option 3	
	EyeMed Member Doctor	Non-EyeMed Member Doctor	EyeMed Member Doctor	Non-EyeMed Member Doctor	EyeMed Member Doctor	Non-EyeMed Member Doctor
• Examinations	Once every 12 months		Once every 12 months		Once every 12 months	
• Lenses*	Once every 12 months		Once every 12 months		Once every 12 months	
• Frames*	Once every 24 months		Once every 24 months		Once every 12 months	
Benefits						
• Examination	\$10 copay	up to \$35	\$10 copay	up to \$35	\$10 copay	up to \$35
• Single Vision Lenses	\$25 copay	up to \$25	\$25 copay	up to \$25	\$10 copay	up to \$25
• Bifocal Lenses	\$25 copay	up to \$40	\$25 copay	up to \$40	\$10 copay	up to \$40
• Trifocal Lenses	\$25 copay	up to \$60	\$25 copay	up to \$60	\$10 copay	up to \$60
• Frames	\$120 allowance then 20% discount	up to \$48	\$100 allowance then 20% discount	up to \$40	\$140 allowance then 20% discount	up to \$56
• Lens Options						
UV Coating	20% discount	N/A	20% discount	N/A	20% discount	N/A
Tint (solid and gradient)	20% discount	N/A	20% discount	N/A	20% discount	N/A
Standard Scratch Resistant	20% discount	N/A	20% discount	N/A	20% discount	N/A
Standard Polycarbonate	20% discount	N/A	20% discount	N/A	Covered in full	up to \$28
Standard Progressive (bi-focal)	\$25 copay, then 80% of charge less \$55 allowance	up to \$40	\$25 copay, then 80% of charge less \$55 allowance	up to \$40	\$10 copay, then 80% of charge less \$120 allowance	up to \$85
Standard Anti-Reflective Coating	20% discount	N/A	20% discount	N/A	20% discount	N/A
Other Add-Ons and Services	20% discount	N/A	20% discount	N/A	20% discount	N/A
• Contact Lenses*						
Conventional	up to \$135 then 15% discount	up to \$95	up to \$115 then 15% discount	up to \$81	up to \$155 then 15% discount	up to \$109
Disposables	up to \$135	up to \$95	up to \$115	up to \$81	up to \$155	up to \$109
• LASIK Surgery	5% to 15% discount	N/A	5% to 15% discount	N/A	5% to 15% discount	N/A
Dependent Age Limit	Up to age 26		Up to age 26		Up to age 26	

***Service Restriction:** Plan allows the member to receive either contacts and frame, or frame and lens services

This summary is intended to highlight your benefits and should not be relied on to fully determine coverage. Please refer to your certificate of coverage for a complete outline of covered services, limitations, and exclusions. Benefits are subject to change based on local and state mandated laws.

Benefit information listed in your carrier certificate always supersedes any information provided in this benefit summary.