



# Midwest Operating Engineers



Take a sneak peek before enrolling

- You're on the Advantage Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on [eyemed.com](http://eyemed.com) or call 1.888.203.7437
- For LASIK providers, call 1.877.5LASER6.

## SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$0 Co-pay	N/A
Retinal Imaging	Up to \$39	N/A
Complete Pair Eyeglasses Purchase Discounts*: Frame, lenses and lens options must be purchased in the same transaction to receive full discount		
Frames*	35% off retail price	N/A
<b>Standard Plastic Lenses</b>		
Single Vision	\$55	N/A
Bifocal	\$75	N/A
Trifocal	\$85	N/A
Lenticulary	\$105	N/A
Standard Progressive Lens	\$135	N/A
<b>Lens Options</b>		
UV Treatment	\$12	N/A
Tint (Solid and Gradient)	\$12	N/A
Standard Plastic Scratch Coating	\$12	N/A
Standard Polycarbonate—Adults	\$35	N/A
Standard Polycarbonate—Kids under 19	\$35	N/A
Standard Anti-Reflective Coating	\$40	N/A
Polarized	30% off retail	N/A
Other Add-Ons and Services	30% off retail	N/A
<b>Contact Lenses</b> (Contact lens allowance includes materials only)		
Conventional	15% off retail	N/A
Disposable	0% off retail	N/A
<b>Laser Vision Correction</b>		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	
<b>Hearing Care</b>		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Unlimited	
Frame	Unlimited	
*Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.		
<b>Additional Discounts</b> (Additional discounts are not insured benefits)		
Non-prescription sunglasses	20% off	

Benefits are not provided from services or materials arising from: Orthopedic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures; Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; 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; Plano (non-prescription) lenses and/or contact lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; 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 date of such order. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered – fund as a Bifocal lens. Standard Progressive lens covered – fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use with the same benefits year.

# What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.



Download  
the EyeMed  
Members App



It's the easy way to view  
your ID card, see benefit  
details and find a provider  
near you.

