

Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

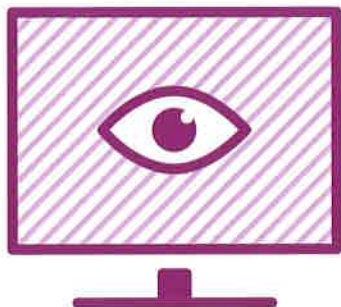
Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,¹ but our long list of special offers takes benefits even further.

Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

¹ Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.



Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
EST. 1961
VISION

OPTICAL



Midwest Operating Engineers



40% OFF

additional complete pair
of prescription eyeglasses

20% OFF

non-covered items,
including non-
prescription sunglasses

Find an eye doctor (Advantage Network)

- 888.203.7437
- 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.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$0 copay	Not covered
Retinal Imaging	Up to \$39	Not covered
FRAME		
Frame	35% off retail price	Not covered
STANDARD PLASTIC LENSES		
Single Vision	\$55 copay	Not covered
Bifocal	\$75 copay	Not covered
Trifocal	\$85 copay	Not covered
Lenticular	\$105 copay	Not covered
Progressive - Standard	\$135 copay	Not covered
LENS OPTIONS		
Anti Reflective Coating - Standard	\$40	Not covered
Polycarbonate - Standard	\$35	Not covered
Polycarbonate - Standard < 19 years of age	\$35	Not covered
Scratch Coating - Standard Plastic	\$12	Not covered
Tint - Solid and Gradient	\$12	Not covered
UV Treatment	\$12	Not covered
All Other Lens Options	30% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	15% off retail price	Not covered
OTHER		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every 12 months	Once every 12 months
Frame	Unlimited	Unlimited
Lenses	Unlimited	Unlimited
Contact Lenses	Unlimited	Unlimited

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

Frame, lens and lens options must be purchased in the same transaction to receive full discount. Items purchased separately will be discounted at 20% off the retail price.

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: any Vision Materials; 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; services rendered after the date an Insured Person ceases to be covered under the Policy. 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 pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate.