

Covered Vision Services

Here is a comparison of discounts, copays and allowed amounts for 2017 under the vision options. Copays represent what the member pays. Allowances and percentage discounts represent the cost the carrier will cover.

	BASIC PLAN	EXPANDED PLAN
Routine Eye Exam	\$0 copay	\$10 copay
Retinal Imaging Benefit	none	up to \$39 copay
Frames	\$50 allowance; 20% discount off balance above the allowance	\$115 allowance; 20% discount off balance above the allowance
Eyeglass Lenses (includes plastic or glass) <ul style="list-style-type: none"> • Single, bifocal, trifocal, lenticular • Standard progressive Lens • Premium progressive Lens 	\$50 allowance; 20% off balance over \$50	\$15 copay \$55 copay discount on no-line bifocals ^[1] \$55+(20% off retail price-\$120 allowance) for other ^[1]
Eyeglass Lens Options (upgrades) <ul style="list-style-type: none"> • Anti-reflective • Polycarbonate • Photochromic • Scratch resistance coating • UV coating • Tints • Polarized • Premium anti-reflective • All other eyeglass lens options 	20% discount off all options	maximum copayments: \$45 copay \$30 copay; \$0 for children 18 and under discount applied \$15 copay \$10 copay \$25 copay 20% off retail price discount applied 20% discount
Exam for Contact Lenses (fitting and evaluation)	15% discount off retail price	up to \$60 copay
Contact Lenses ^[2] <ul style="list-style-type: none"> • Elective <ul style="list-style-type: none"> • Conventional • Disposable • Medically necessary ^[3] 	\$50 allowance; 15% off balance over \$50 \$50 allowance \$150 allowance	\$130 allowance; 15% off balance over \$130 \$130 allowance covered at 100%
LASIK/Refractive Surgery (for select providers)	15% discount off retail price or 5% off promotional price	15% discount off retail price or 5% off promotional price
Out-of-Network Benefits <ul style="list-style-type: none"> • All eye exams • Frames • Eyeglass lenses <ul style="list-style-type: none"> • Single vision • Lined bifocal • Lined trifocal • Elective contacts (conventional or disposable) • Medically necessary contacts ^[3] • Lens options-UV, polycarbonate, photochromic/transitions plastic 	up to \$30 allowance up to \$50 allowance (frames and lenses combined) \$25 allowance \$75 allowance	up to \$45 allowance up to \$70 allowance up to \$30 allowance up to \$50 allowance up to \$65 allowance up to \$50 allowance up to \$100 allowance up to \$5 allowance
Frequency <ul style="list-style-type: none"> • Eye exam • Eyeglass lenses and contacts • Frames 	once every calendar year per person once every calendar year per person once every two calendar years per person	once every calendar year per person once every calendar year per person once every two calendar years per person

[1] Copays for premium progressive lens are subject to change

[2] Instead of eyeglass lenses

[3] If medically necessary as first contact lenses following cataract surgery or multiple pairs of rigid contact lenses for treatment of keratoconus

EyeMed offers some additional discounts which include:

- > 40% off on additional pairs of eyeglasses at any network location, after the vision benefit has been used
- > 15% off conventional contact lenses after the benefit has been used
- > 20% off non-covered items such as lens cleaner, accessories and non-prescription sunglasses