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Heads up

You may have additional benefits.
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Pierz ISD 484

SERVICES MEMBER COST MEMBER REIMBURSEMEI FRAME Frame SO copay; 20% off balance over \$150 allowance STANDARD PLASTIC LENSES Single Vision Bifocal \$20 copay Up to \$30 Bifocal \$20 copay Up to \$50 Trifocal \$20 copay Up to \$70 Lenticular \$20 copay Up to \$70 Progressive - Standard \$75 copay Progressive - Premium Tier 1 - 4 \$105 - 215 copay Up to \$50 LENS OPTIONS Antil Reflective Coating - Standard Antil Reflective Coating - Premium Tier 1 - 3 \$57 - 85 copay Up to \$23 Antil Reflective Coating - Premium Tier 1 - 3 \$57 - 85 copay Up to \$23 Photochromic - Non-Glass Polycarbonate - Standard 4 19 years of age Scratch Coating - Standard Plastic Sin Not covered Polycarbonate - Standard 4 19 years of age Scratch Coating - Standard Plastic Sin Not covered Up to \$20 Scratch Coating - Standard Plastic Sin Not covered All Other Lens Options Unit Treatment Sin Not covered All Other Lens Options CONTACT LENSES Contacts - Conventional Contacts - Disposable Contacts - Medically Necessary So copay; 100% off balance over \$150 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 Lasik or PRK from U.S. Laser Network Lasik or PRK from U.S. Laser Network Lasik or PRK from U.S. Laser Network ADULTS Nonce every other plan year Once every plan year Once every plan year	Sl	JMMARY OF BENEFITS	
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RATES

Single - \$5.95 per month

Employee + Spouse - \$11.31 per month

Employee + Child(ren) - \$11.90 per month

Family - \$17.49 per month

QL-000005474

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 Examination; medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; 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 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; plano (non-prescription) contact 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 date 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 pay the full retail rate and not th

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.

¹Based 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).







