

# VISION PLAN



40% OFF ADDITIONAL COMPLETE PAIR OF PRESCRIPTION EYEGLASSES  
20% OFF NON-COVERED ITEMS, INCLUDING NON-PRESCRIPTION SUNGLASSES

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b> <i>Exam at PLUS Providers</i> PLUS PROVIDER Exam Retinal Imaging	<b>\$0 Copay</b> \$10 Copay Up to \$39	<b>Up to \$40</b> Up to \$40 Not covered
<b>CONTACT LENS FIT AND FOLLOW-UP</b> Fit and Follow-up - Standard Fit and Follow-up - Premium	Up to \$40; contact lens fit and two follow-up visits 10% off retail price	Not covered Not covered
<b>FRAME</b> <i>Frame at PLUS Provider</i> Frame	<b>\$0 copay; 20% off balance over \$170 allowance</b> \$0 copay; 20% off balance over \$120 allowance	<b>Up to \$60</b> Up to \$60
<b>Standard Plastic Lenses</b> Single Vision Bifocal Trifocal/Lenticular Progressive - Standard Progressive - Premium Tier 1 - 4	\$10 Copay \$10 Copay \$10 Copay \$65 Copay \$95 - 225	Up to \$30 Up to \$50 Up to \$70 Up to \$50 Up to \$50
<b>Lens Options</b> Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 - 3 Photochromic - Non-Glass Polycarbonate - Standard Polycarbonate - Std < 19 years of age Scratch Coating Tint UV Treatment All Other Lens Options	\$45 Copay \$57 - 100 \$75 \$40 \$0 Copay \$0 Copay \$15 \$15 20% off retail price	Up to \$23 Up to \$23 Not covered Not covered Up to \$20 Up to \$8 Not covered Not covered Not covered
<b>Contact Lenses</b> (Discount applies to materials only) <i>Contacts - Conventional at PLUS Providers</i> Contacts - Conventional <i>Contacts - Disposable at PLUS Providers</i> Contacts - Disposable Contacts - Medically Necessary	<b>\$0 copay; 15% off balance over \$170 allowance</b> \$0 copay; 15% off balance over \$120 allowance <b>\$0 copay; 100% of balance over \$170 allowance</b> \$0 copay; 100% of balance over \$120 allowance \$0 copay; paid-in-full	<b>Up to \$60</b> Up to \$60 <b>Up to \$60</b> Up to \$60 Up to \$300
<b>Other</b> Hearing Care from Amplifon Network Lasik or PRK from U.S. Laser Network	Discounts on hearing aids; call 877.203.0675 15% off retail or 5% off promo price; call 800.988.4221	Not covered Not covered
<b>Frequency</b> Examination, Lenses & Contacts Frame	Once every plan year Once every other plan year	

## SAVINGS + CONVENIENCE + CHOICE

Staying in-network helps you save money on eye exams, frames and lenses.



Visiting a **PLUS Provider** is designed to help you save even more. And since **PLUS Providers** are already in our network, the additional perks are built right into your vision benefits.

Find plenty of in-network eye doctors — including **PLUS Providers** — on our **Provider Locator**. Just look for the **PLUS**. Need extra assistance?

Contact us at **866.939.3633** or visit [eyemed.com](http://eyemed.com).

## EYEMED RESOURCES



**EYEMED MOBILE APP**  
[bit.ly/kt-em-app](http://bit.ly/kt-em-app)



**EYEMED REWARDS**  
[bit.ly/kt-em-rewards](http://bit.ly/kt-em-rewards)



## RATES

STANDARD PLAN	WEEKLY	BI-WEEKLY	MONTHLY
Employee	\$1.03	\$2.07	\$4.48
Employee + Spouse	\$2.85	\$5.71	\$12.37
Employee + 1	\$3.02	\$6.04	\$13.09
Family	\$3.96	\$7.92	\$17.16