eyemed

Five Rivers MetroParks

Additional discounts

40% OFF
Complete pair of prescription eyeglasses

20% OFF
Non-prescription sunglasses

20% OFF
Remaining balance beyond plan coverage

These discounts are for in-network providers only

Take a sneak peek before enrolling

- You're on the INSIGHT Network

- For a complete list of **in-network** providers near you, use our **Enhanced** Provider Locator on www.eyemed.com or call **1-866-804-0982**.

- For Lasik providers, call 1-877-5LASER6.

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	$10 Co-pay	Up to $40
Retinal Imaging	Up to $39	N/A
Frames	$0 Co-pay; $130 allowance; 80% of charge over $130	Up to $91
Standard Plastic Lenses		
Single Vision	$25 Co-pay	Up to $30
Bifocal	$25 Co-pay	Up to $50
Trifocal	$25 Co-pay	Up to $70
Standard Progressive Lens	$90	Up to $50
Premium Progressive Lens△	$110 - $135	
Tier 1	$110	Up to $50
Tier 2	$120	Up to $50
Tier 3	$135	Up to $50
Tier 4	$90 Copay, 80% of charge less $120 Allowance	Up to $50
Lenticular	$25 Co-pay	Up to $70
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	$15	N/A
Tint (Solid and Gradient)	$15	N/A
Standard Plastic Scratch Coating	$15	N/A
Standard Polycarbonate	$40	N/A
Standard Polycarbonate - Kids under 19	$40	N/A
Standard Anti-Reflective Coating	$45	N/A
Premium Anti-Reflective Coating△	$57-$68	N/A
Tier 1	$57	N/A
Tier 2	$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to $55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Contact Lenses		
Conventional	$0 Co-pay; $130 allowance; 15% off balance over $130	Up to $130
Disposable	$0 Co-pay; $130 allowance; plus balance over $130	Up to $130
Medically Necessary	$0 Co-pay, Paid-in-Full	Up to $210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

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.

eyeMed℠

Benefits Snapshot

Benefits Snapshot	With EyeMed	Out-of-Network Reimbursement
Exam with dilation as necessary (Once every 12 months)	$10 Co-pay	Up to $40
Frames (Once every 24 months)	$0 Co-pay; $130 allowance; 80% of charge over $130	Up to $91
Single Vision Lenses (Once every 12 months) Or	$25 Co-pay	Up to $30
Contacts (Once every 12 months)	$0 Co-pay; $130 allowance; plus balance over $130	Up to $130

And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs $163 with single vision lenses that have UV and scratch protection. Now let's see the difference...

77%
SAVINGS
with us*

With EyeMed		Without Insurance**	
Exam	$10 Co-pay	Exam	$106
Frame	$163 -$130 allowance $33 -$6.60 (20% discount off balance) $26.40	Frame	$163
Lens	$25 Co-pay $15 UV treatment add-on +$15 Scratch coating add-on $55	Lens	$78 $23 UV treatment add-on +$25 Scratch coating add-on $126
Total	$91.40	Total	$395

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

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*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections.   **Based on industry averages.