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VISION CARE SERVICES IN-NETWORK MEMBER COST WEMBER REIMBURSEMENT EXAM SERVICES Exam S10 copay Up to \$39 Not covered CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up - Standard Fit and Follow-up - Premium 10% off retail price Not covered FRAME Frame S0 copay: 20% off balance over \$150 allowance VUp to \$35 Single Vision S10 copay Up to \$46 Trifical S10 copay Up to \$46 Trifical S10 copay Up to \$46 Trifical S20 copay Up to \$46 Trifical S30 copay Up to \$46 Trifical S55 copay Up to \$46 Trifical Up to \$46 Trifical S55 copay Up to \$46	CHMMARY OF BENEFITS			
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	Contact Lenses	Once every 12 months		

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

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: 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; 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 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. Fees charged by a Provider for services other than a covered benefit and any local, 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. Pees charged by a Provider for services other than a covered benefit and any local, allowances provide

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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.

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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.





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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).









