

## Covered Vision Services

Here is a comparison of discounts, copays and allowed amounts for 2015 under the vision options. Copays represent what the member pays. Allowance and percentage discount represent the cost the carrier will cover.

	BASIC PLAN	EXPANDED PLAN
<b>Routine Eye Exam</b>	\$0 copay	\$10 copay
<b>Retinal Imaging Benefit</b>	none	up to \$39 copay
<b>Frames</b>	\$50 allowance; 20% discount off balance above the allowance	\$115 allowance; 20% discount off balance above the allowance
<b>Eyeglass Lenses</b> (includes plastic or glass) <ul style="list-style-type: none"> <li>• Single, Bifocal, Trifocal, Lenticular</li> <li>• Standard Progressive Lens</li> <li>• Premium Progressive Lens</li> </ul>	\$50 allowance; 20% off balance over \$50	\$15 copay \$55 copay \$81–\$93 <sup>[3]</sup>
<b>Eyeglass Lens Options</b> (upgrades) <ul style="list-style-type: none"> <li>• Anti-reflective</li> <li>• Polycarbonate</li> <li>• Photochromic</li> <li>• Scratch resistance coating</li> <li>• UV coating</li> <li>• Tints</li> <li>• Polarized</li> <li>• Premium Anti-Reflective</li> <li>• All other eyeglass lens options</li> </ul>	20% discount off all options	maximum copayments: \$45 copay \$30 copay; \$0 for children 18 and under \$70 copay \$15 copay \$10 copay \$25 copay 20% off retail price \$57–\$68 20% discount
<b>Exam for Contact Lenses</b> (fitting and evaluation)	15% discount off retail price	up to \$60 copay
<b>Contact Lenses</b> <sup>[1]</sup> <ul style="list-style-type: none"> <li>• Elective <ul style="list-style-type: none"> <li>• Conventional</li> <li>• Disposable</li> </ul> </li> <li>• Medically Necessary <sup>[2]</sup></li> </ul>	\$50 allowance; 15% off balance over \$50 \$50 allowance \$150 allowance	\$130 allowance; 15% off balance over \$130 \$130 allowance covered at 100%
<b>Lasik/Refractive Surgery</b> (for select providers)	15% discount off usual and customary fees	15% discount off usual and customary fees
<b>Out-of-Network Benefits</b> <ul style="list-style-type: none"> <li>• All Eye Exams</li> <li>• Frames</li> <li>• Eyeglass Lenses <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Lined Bifocal</li> <li>• Lined Trifocal</li> </ul> </li> <li>• Elective Contacts (conventional or disposable)</li> <li>• Medically Necessary Contacts <sup>[2]</sup></li> </ul>	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
<b>Frequency</b> <ul style="list-style-type: none"> <li>• Eye Exam</li> <li>• Eyeglass Lenses and Contacts</li> <li>• Frames</li> </ul>	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] Instead of eyeglass lenses

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

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

### 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
- > Expanded Plan Only: 25% to 50% savings on premium progressive lenses and anti-reflective lenses