



Vision Benefit

EyeMed National Networks

Lenscrafters, Sears, Pearle Vision, JC Penney, Target Optical, Independents

www.eyemedvisioncare.com

1-866-9EYEMED

Vision Care Services	Member Cost
<p>Exam with Dilation as Necessary</p> <p>Exam Options:</p> <p>Standard Contact Lens Fit and Follow-Up:* Premium Contact Lens Fit and Follow-Up:**</p> <p>Frames: Any available frame at provider location</p> <p>Standard Plastic Lenses: Single Vision Bifocal Trifocal Lenticular Standard Progressive Premium Progressive <i>These items are \$15 higher in AK, CA, HI, OR, WA</i></p> <p>Lens Options: UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance Standard Polycarbonate Standard Anti-Reflective Coating Other Add-Ons and Services</p>	<p>\$10 Copay</p> <p>Up to \$40 10% off Retail</p> <p>\$0 Copay; \$74 Allowance, 20% off balance over \$74</p> <p>\$10 Copay \$10 Copay \$10 Copay \$10 Copay \$70 \$70, 80% of Charge less \$110 Allowance</p> <p>\$12 \$12 \$12 \$35 \$40 30% off Retail Price</p>
<p>Contact Lenses <i>(Contact lens allowance includes materials only)</i> Conventional Disposable Medically Necessary</p>	<p>\$0 Copay; \$100 allowance, 15% off balance over \$100 \$0 Copay; \$100 allowance, plus balance over \$100 \$0 Copay, Paid-in-Full</p>
<p>Frequency: Examination Frame Lenses or Contact Lenses</p>	<p>Once every 12 months Once every 24 months Once every 24 months</p>

Effective Date – 8/1/2008