

EYEMED VISION PLAN

Network: Advantage Network
 Website: www.eyemedvisioncare.com



Benefits	Vision	
	In-Network	Out-of-Network
Eye Exams	\$10	Up to \$40
Eyeglass Lenses and Frames		
Single Standard Lenses	\$15	Up to \$30
Bifocal Standard Lenses	\$15	Up to \$50
Trifocal Standard Lenses	\$15	Up to \$70
Lenticular Standard Lenses	\$15	Up to \$70
Frames	\$100 allowance; 80% over	Up to \$70
Contact Lenses		
Standard Fit and Follow Up	Up to \$40	N/A
Elective Lenses	\$100 allowance; 15% over	Up to \$100
Medically Necessary Lenses	Paid in Full	Up to \$210
Frequency		
Eye Exam	Once every 12 months	
Lenses—Eyeglass or Contact	Once every 12 months	
Frames	Once every 24 months	



DeSoto County

More,
for less...

40% OFF

Complete pair
of prescription
eyeglasses

20% OFF

Non-prescription
sunglasses

30% OFF

Remaining balance
beyond plan coverage

These discounts are for
in-network providers only

Hello,
Neighbor

- You're on the ADVANTAGE Network
- For a complete list of providers near you, use our Provider Locator on www.eyemed.com and choose the ADVANTAGE network or call 1-888-203-7437.
- For Lasik providers, call 1-877-5LASER6 or visit eyemedlasik.com.

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Copay	Up to \$40
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 \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Copay; \$100 allowance; 80% of charge over \$100	Up to \$70
Standard Plastic Lenses		
Single Vision	\$15 Copay	Up to \$30
Bifocal	\$15 Copay	Up to \$50
Trifocal	\$15 Copay	Up to \$70
Standard Progressive Lens	\$75	Up to \$50
Premium Progressive Lens	\$75, 70% of charge less \$110 Allowance	Up to \$50
Lenticular	\$15 Copay	Up to \$70
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$12	N/A
Tint (Solid and Gradient)	\$12	N/A
Standard Plastic Scratch Coating	\$12	N/A
Standard Polycarbonate	\$35	N/A
Standard Polycarbonate - Kids under 19	\$35	N/A
Standard Anti-Reflective Coating	\$40	N/A
Polarized	30% off retail price	N/A
Other Add-Ons and Services	30% off retail price	N/A
Contact Lenses		
Conventional	\$0 Copay; \$100 allowance; 15% off retail price over \$100	Up to \$100
Disposable	\$0 Copay; \$100 allowance; plus balance over \$100	Up to \$100
Medically Necessary	\$0 Copay, 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	