



(Insight CA Network)

IN-NETWORK MEMBER SERVICES EXAM SERVICE AND SAS OCCAPT SOC SOCCAPT SOL SERVICES EXAM SERVICE AND AND ACCORDA	SUMMARY OF BENEFITS				
Exam S0 capay				OUT-OF-NETWORK MEMBER REIMBURSEMENT	
Retinal Imaging Up to \$39 Up to \$39 Not covered CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up - Standard 10% off retail price 10% off retail price Not covered FTAME Frame - Retail \$0 copay; 20% off balance over \$100 allowance Up to \$105 covered S200 allowance Versito allowance Up to \$105 covered S105 allowance Up to \$105 covered S105 allowance Up to \$105 cover \$105 \$105 c	EXAM SERVICES				
CONTACT LENS FIT AND FOLLOW-UP	Exam	\$0 copay	\$10 copay	Up to \$40	
Fit and Follow-up - Standard Fit and Follow-up - Premium Fit and Follow-up - Premium Frame - Retail Frame - Retail So copay; 20% off balance over \$200 allowance Frame - Wholesale* Not covered So copay; 100% off balance over \$200 allowance Frame - Wholesale* Not covered So copay; 100% of balance over \$200 allowance So copay; 100% of balance over \$200 allowance So copay; 100% of balance over \$200 allowance So copay; 100% of balance over \$105 allowance Up to \$105 LENSES Single Vision So copay So copay Up to \$30 Biffocal So copay So copay Up to \$50 Frogressive - Standard So copay So copay Up to \$70 Progressive - Premium So copay So copay Up to \$50 Progressive - Premium So copay So copay Up to \$50 Progressive - Premium So copay Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 - 3 So copay So copay So copay So copay So copay Up to \$23 Anti Reflective Coating - Premium Tier 1 - 3 So copay So copay So copay So copay So copay Up to \$23 Anti Reflective Coating - Premium Tier 1 - 3 So copay	Retinal Imaging	Up to \$39	Up to \$39	Not covered	
Fit and Follow-up - Standard Fit and Follow-up - Premium Fit and Follow-up - Premium Frame - Retail Frame - Retail Frame - Retail Frame - Retail Frame - Wholesale* Not covered So capay: 20% off balance over \$200 allowance So capay: 100% of balance over \$200 allowance Frame - Wholesale* Not covered So capay: 100% of balance over \$105 allowance Frame - Wholesale* Not covered So capay: 100% of balance over \$105 allowance Frame - Wholesale* So capay: 100% of balance over \$105 allowance Frame - Wholesale* Not covered So capay: 100% of balance over \$105 allowance Frame - Wholesale* So capay: 100% of balance over \$105 allowance Frame - Wholesale* So capay: 100% of balance over \$105 allowance Frame - Wholesale* So capay: 100% of balance over \$105 allowance Frame - Wholesale* So capay: 100% of balance over \$105 allowance Frame - Wholesale* So capay: 100% of balance over \$105 allowance Frame - Wholesale* So capay: 100% of balance over \$105 allowance Frame - Wholesale* So capay: 100% of balance over \$105 allowance Frame - Wholesale* Frame - Wholesale* Frame - Retail Frame - So capay: 200 capay Frame - Retail Frame - Retail Frame - So Capay Frame - Retail Frame - Retail Frame - So Capay Frame - Retail	CONTACT LENS FIT AND FOLLOW-UP				
Fit and Follow-up - Premium FRAME Frame - Retail So copay; 20% off balance over \$200 allowance Frame - Retail So copay; 20% off balance over \$200 allowance Frame - Wholesale' Not covered Not covered So copay; 100% of balance over \$150 allowance So copay; 100% of balance over \$105 allowance So copay; 100% of promo price; 1000 allowance So copay; 1000		Up to \$40	Up to \$40	Not covered	
FRAME Frame - Retail So copay; 20% off balance over \$200 allowance So copay; 20% off balance over \$150 allowance So copay; 100% of balance over \$150 allowance So copay; 100% of balance over \$150 solowance So copay; 100% of balance over \$150 solowance Up to \$105 LENSES Single Vision So copay So copay Up to \$30 Bifocal So copay So copay Up to \$50 Trifocal So copay So copay Up to \$50 Trifocal So copay So copay Up to \$70 Lenticular So copay So copay Up to \$70 Lenticular So copay So copay Up to \$50 Progressive - Standard So copay So copay Up to \$50 Progressive - Premium S85 - 175 copay S85 - 175 copay Up to \$50 LENS OPTIONS Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 - 3 S57 - 85 copay S57 - 85 copay Up to \$23 Anti Reflective Coating - Premium Tier 1 - 3 S57 - 85 copay S57 - 85 copay Up to \$23 Photochromic - Non-Glass S75 S75 Not covered Polycarbonate - Standard 19 years of age Scratch Coating - Standard Plastic S15 S15 Not covered UV Treatment S15 S15 Not covered UV Treatment S15 S15 Not covered All Other Lens Options S0 copay; 15% off balance over \$150 allowance CONTACT LENSES Contacts - Conventional Contacts - Disposable S0 copay; 15% off balance over \$150 allowance S0 copay; 100% of balance over \$150 allowance S150 allowance S0 copay; 100% of balance over \$150 allowance S0 copay; 100% of balance over \$150 allowance S0 copay; 100% of balance over \$150 allowance S150 allowance S	•	·		Not covered	
Frame - Retail Frame - Wholesale* Not covered Not covered Not covered Not covered Not covered S0 capay: 100% of balance over \$105 allowance S0 capay: 100% of balance over \$105 allowance VIp to \$105 S0 capay: 100% of balance over \$105 allowance VIP to \$105 VIP to \$20 VIP to \$30 VIP to \$30 VIP to \$30 VIP to \$50 VIP to \$50 VIP to \$70 VIP to \$50 VIP to \$23 Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 - 3 VIP to \$50 VIP to \$23 Anti Reflective Coating - Premium Tier 1 - 3 VIP to \$50 VIP to \$23 Anti Reflective Coating - Premium Tier 1 - 3 VIP to \$50 VIP to \$23 VIP to \$24 Anti Reflective Coating - Standard VIP to \$40 VIP to \$20 VIP to \$300 VIP to \$40	•		·		
Frame - Wholesale* Not covered \$0 capay; 100% of balance over \$105 allowance Single Vision				Up to \$105	
Single Vision	Frame - Wholesale*		\$0 copay; 100% of balance	Up to \$105	
Bifacal \$0 capay \$0 capay Up to \$50 Trifocal \$0 capay \$0 capay Up to \$70 Lenticular \$0 capay \$0 capay Up to \$70 Progressive - Standard \$0 capay \$0 capay Up to \$70 Progressive - Premium \$85 - 175 capay \$85 - 175 capay Up to \$50 Progressive - Premium \$85 - 175 capay \$85 - 175 capay Up to \$50 LENS OPTIONS Anti Reflective Coating - Standard \$45 capay \$85 - 175 capay Up to \$23 Anti Reflective Coating - Premium Tier 1 - 3 \$57 - 85 capay \$57 - 85 capay Up to \$23 Photochromic - Non-Glass \$75 \$75 Not covered Polycarbonate - Standard \$40 Not covered Polycarbonate - Standard 19 years of age \$0 capay \$0 capay Up to \$20 Scratch Coating - Standard Plostic \$15 \$15 Not covered Tint - Solid and Gradient \$15 \$15 Not covered UV Treatment \$15 \$15 Not covered All Other Lens Options 20% off retail price 20% off retail price Vor S150 allowance Contacts - Conventional \$0 capay; 15% off balance over \$150 allowance Contacts - Disposable \$0 capay; 100% of balance over \$150 allowance S150 allowance S150 capay; 100% of balance over \$150 allowance S150 allowance	LENSES				
Trifocal	Single Vision	\$0 copay	\$0 copay	Up to \$30	
Lenticular Progressive - Standard S0 copay S85 - 175 copay Up to \$50 LENS OPTIONS Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 - 3 S57 - 85 copay S40 Not covered Polycarbonate - Standard Polycarbonate - Standard Polycarbonate - Standard S40 S40 S40 Not covered Polycarbonate - Standard Plastic S15 S15 Not covered UV Treatment S15 S15 Not covered All Other Lens Options CONTACT LENSES Contacts - Conventional S0 copay: 15% off balance over \$150 allowance Contacts - Medically Necessary S0 copay S0 copay S0 copay S0 copay: 15% off balance over \$150 allowance Contacts - Medically Necessary S0 copay S0 copay S0 copay: 100% of balance over \$150 allowance S0 copay: 100% of fhearing aids; call 1877.203.0675 LASIK or PRK from U.S. Laser Network Exam Once every calendar year	Bifocal	\$0 copay	\$0 copay	Up to \$50	
Progressive - Standard Progressive - Premium S85 - 175 copay Up to \$50 LENS OPTIONS Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 - 3 S57 - 85 copay S57 - 85 copay S57 - 85 copay Up to \$23 Anti Reflective Coating - Premium Tier 1 - 3 S57 - 85 copay S57 - 85 copay Polycarbonate - Standard S40 S40 S40 S40 Not covered Polycarbonate - Standard < 19 years of age Scratch Coating - Standard Plastic S15 S15 Not covered Tint - Solid and Gradient S15 S15 Not covered UV Treatment S15 S15 Not covered All Other Lens Options 20% off retail price 20% off retail price Not covered CONTACT LENSES Contacts - Conventional S0 copay; 100% of balance over \$150 allowance over \$150 allowance over \$150 allowance over \$150 allowance Ocopay OTHER Hearing Care from Amplifon Network 18% off retail or 5% off promo price; call 1800.988 4.221 FREQUENCY ALLOWED FREQUENCY - ADULTS Anti Reflective Coating - Standard Plastic S45 copay S45 copay Up to \$23 S45 copay Up to \$23 S47 - 85 copay Up to \$23 S47 - 85 copay Up to \$23 S40 Not covered S40	Trifocal	\$0 copay	\$0 copay	Up to \$70	
Progressive - Premium \$85 - 175 copay \$85 - 175 copay Up to \$50 LENS OPTIONS Anti Reflective Coating - Standard \$45 copay \$45 copay Up to \$23 Anti Reflective Coating - Premium Tier 1 - 3 \$57 - 85 copay \$57 - 85 copay Up to \$23 Photochromic - Non-Glass \$75 \$75 Not covered Polycarbonate - Standard \$40 \$40 Not covered Polycarbonate - Standard \$40 \$40 Not covered Polycarbonate - Standard \$90 copay \$00 copay Up to \$20 Scratch Coating - Standard Plastic \$15 \$15 Not covered Tint - Solid and Gradient \$15 \$15 Not covered UV Treatment \$15 \$15 Not covered UV Treatment \$15 \$15 Not covered All Other Lens Options 20% off retail price 20% off retail price Not covered CONTACT LENSES Contacts - Conventional \$0 copay; 15% off balance over \$150 allowance over \$150 allowance Contacts - Disposable \$0 copay; 100% of balance over \$150 allowance Contacts - Medically Necessary \$0 copay \$0 copay Up to \$300 OTHER Hearing Care from Amplifon Network 1.877.203.0675 1877.203.0675 LASIK or PRK from U.S. Laser Network 15% off retail or 5% off promo price; call 1.800.988.4221 FREQUENCY - ADULTS ALLOWED FREQUENCY - ADULTS Exam Once every calendar year Once every calendar year	Lenticular	\$0 copay	\$0 copay	·	
LENS OPTIONS	3		. ,	•	
Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 - 3 S57 - 85 copay S57 - 85 copay Up to \$23 Photochromic - Non-Glass Photochromic - Non-Glass S75 Not covered Polycarbonate - Standard Polycarbonate - Standard S40 S40 S40 Not covered Polycarbonate - Standard Plastic S15 S15 Not covered S15 Not covered S15 Not covered UV Treatment S15 S15 Not covered All Other Lens Options Contacts - Conventional S0 copay; 15% off balance over \$150 allowance Contacts - Disposable S0 copay S0 copay S0 copay S0 copay; 15% off balance over \$150 allowance Over \$150 allowance S0 copay; 100% of balance over \$150 allowance Ocopay; 100% of balance over \$150 allowance S0 copay; 100% of balance over \$150 allowance S0 copay; 100% of balance over \$150 allowance Ocopay; 100% of balance over \$150 allowance S0 copay; 100% of balance over \$150 al	Progressive - Premium	\$85 - 175 copay	\$85 - 175 copay	Up to \$50	
Anti Reflective Coating - Premium Tier 1 - 3 Photochromic - Non-Glass Photochromic - Non-Glass Polycarbonate - Standard Polycarbonate - Standard < 19 years of age Scratch Coating - Standard Plastic S15 S15 Not covered UV to \$20 Scratch Coating - Standard Plastic S15 S15 Not covered UV Treatment S15 S15 Not covered UV Treatment S15 S15 Not covered UV Treatment S15 S15 S15 Not covered S15 Not covered S15 S15 Not covered S15 S15 Not covered S15 S15 Not covered S15	LENS OPTIONS				
Photochromic - Non-Ğlass \$75 \$75 Not covered 90lycarbonate - Standard \$40 \$40 \$40 Not covered 90lycarbonate - Standard < 19 years of age \$0 copay \$0 copay Up to \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20	Anti Reflective Coating - Standard		\$45 copay	Up to \$23	
Polycarbonate - Standard \$40 \$40 \$0 copay \$0 cop	Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 85 copay	\$57 - 85 copay	Up to \$23	
Polycarbonate - Standard < 19 years of age Scratch Coating - Standard Plastic S15 S15 Not covered Tint - Solid and Gradient UV Treatment S15 S15 Not covered UV Treatment All Other Lens Options CONTACT LENSES Contacts - Conventional S0 copay; 15% off balance over \$150 allowance Contacts - Disposable S15 ocpay; 10% of balance over \$150 allowance S0 copay; 10% of balance over \$150 allowance Contacts - Medically Necessary V0 copay S0 c	Photochromic - Non-Glass	\$75	\$75	Not covered	
Scratch Coating - Standard Plastic Tint - Solid and Gradient UV Treatment S15 S15 Not covered UV Treatment All Other Lens Options CONTACT LENSES Contacts - Conventional Contacts - Disposable S0 copay; 15% off balance over S150 allowance S0 copay; 100% of balance over S150 allowance S0 copay	Polycarbonate - Standard	•	•	Not covered	
Tint - Solid and Gradient UV Treatment \$15 \$15 Not covered UV Treatment All Other Lens Options 20% off retail price 20% off retail price Not covered 20% off retail price Not covered 20% off retail price Voracts - Conventional \$0 copay; 15% off balance over \$150 allowance Contacts - Disposable \$0 copay; 100% of balance over \$0 copay; 100% of balance over \$150 allowance Contacts - Medically Necessary \$0 copay \$0 co	Polycarbonate - Standard < 19 years of age			Up to \$20	
UV Treatment \$15	<u> </u>			Not covered	
All Other Lens Options 20% off retail price 20% off retail price 20% off retail price Not covered CONTACT LENSES Contacts - Conventional \$0 copay; 15% off balance over \$150 allowance over \$150 allowance \$0 copay; 100% of balance over \$0 copay; 100% of balance over \$150 allowance \$0 copay; 100% of balance over \$150 allowance \$0 copay; 100% of balance over \$150 allowance Contacts - Medically Necessary \$0 copay \$0 copay Up to \$300 OTHER Hearing Care from Amplifon Network Up to 64% off hearing aids; call 1.877.203.0675 1.877.203.0675 15% off retail or 5% off promo price; call 1.800.988.4221 FREQUENCY ALLOWED FREQUENCY - ADULTS ALLOWED FREQUENCY - KIDS Once every calendar year Once every calendar year		•	-	Not covered	
CONTACT LENSES Contacts - Conventional \$0 copay; 15% off balance over \$150 allowance \$150 allowance over \$150 allowance over \$150 allowance over \$150 allowance \$150 allow	UV Treatment	\$15	\$15	Not covered	
Contacts - Conventional \$0 copay; 15% off balance over \$150 allowance Contacts - Disposable \$0 copay; 100% of balance over \$150 allowance Contacts - Medically Necessary \$0 copay \$0 copay Up to \$300 OTHER Hearing Care from Amplifon Network Up to 64% off hearing aids; call 1.877.203.0675 1.877.203.0675 1.877.203.0675 15% off retail or 5% off promo price; call 1.800.988.4221 FREQUENCY ALLOWED FREQUENCY - ADULTS ALLOWED FREQUENCY - KIDS Once every calendar year Once every calendar year	All Other Lens Options	20% off retail price	20% off retail price	Not covered	
allowance Contacts - Disposable \$0 copay; 100% of balance over \$0 copay; 100% of balance over \$150 allowance Contacts - Medically Necessary \$0 copay \$0 copay \$0 copay Up to \$300 OTHER Hearing Care from Amplifon Network Up to 64% off hearing aids; call 1.877.203.0675 LASIK or PRK from U.S. Laser Network LASIK or PRK from U.S. Laser Network TREQUENCY ALLOWED FREQUENCY - ADULTS Once every calendar year Once every calendar year	CONTACT LENSES				
\$150 allowance over \$150 allowance Contacts - Medically Necessary \$0 copay \$0 copay Up to \$300 OTHER Hearing Care from Amplifon Network Up to 64% off hearing aids; call 1.877.203.0675 LASIK or PRK from U.S. Laser Network 15% off retail or 5% off promo price; call 1.800.988.4221 FREQUENCY ALLOWED FREQUENCY - ADULTS ALLOWED FREQUENCY - KIDS Exam Once every calendar year Once every calendar year	Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	\$0 copay; 15% off balance over \$150 allowance	Up to \$105	
OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network LASIK or PRK from U.S. Lase	Contacts - Disposable			Up to \$105	
Hearing Care from Amplifon Network Up to 64% off hearing aids; call 1.877.203.0675 LASIK or PRK from U.S. Laser Network 15% off retail or 5% off promo price; call 1.800.988.4221 FREQUENCY ALLOWED FREQUENCY - ADULTS Once every calendar year Up to 64% off hearing aids; call Not covered 1.877.203.0675 15% off retail or 5% off promo price; call 1.800.988.4221 ALLOWED FREQUENCY - ADULTS Once every calendar year Once every calendar year	Contacts - Medically Necessary	\$0 copay	\$0 copay	Up to \$300	
1.877.203.0675 LASIK or PRK from U.S. Laser Network 15% off retail or 5% off promo price; call 1.800.988.4221 FREQUENCY ALLOWED FREQUENCY - ADULTS ALLOWED FREQUENCY - KIDS Once every calendar year 1.877.203.0675 1.877.203.0675 15% off retail or 5% off promo price; call 1.800.988.4221 ALLOWED FREQUENCY - ADULTS ALLOWED FREQUENCY - KIDS Once every calendar year	OTHER				
FREQUENCY ALLOWED FREQUENCY - ADULTS ALLOWED FREQUENCY - KIDS Exam Once every calendar year Once every calendar year	Hearing Care from Amplifon Network			Not covered	
Exam Once every calendar year Once every calendar year	LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221		Not covered	
Exam Once every calendar year Once every calendar year	FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS		
Lenses Once every 2 calendar years Once every 2 calendar years					
	Lenses	Once every 2 calendar years	Once every 2 calendar years		
Frame Once every 2 calendar years Once every 2 calendar years	Frame	Once every 2 calendar years	, ,		
Contact Lenses Once every 2 calendar years Once every 2 calendar years (Plan allows the member to receive either contacts and frame or frame and lens services.)		· · · · · · · · · · · · · · · · · · ·	Once every 2 calendar years		

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

*Available at wholesale providers, such as Costco Optical; discounts do not apply. View the provider locator to find wholesale providers. 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. 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; than (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 ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or conta

Savings plus convenience plus choice

PLUS Providers add another layer of coverage

\$0 Exam copay

Staying in-network helps you save money on eye exams, frames and lenses. Visiting a PLUS Provider is designed to help you save even more.

And since PLUS Providers are already in our network, the additional perks are built right into your vision benefits. No promo codes, no coupons, no paperwork. The same vision benefits, plus a little more savings.





The choice is yours

Find plenty of in-network eye doctors — including PLUS Providers — on our Provider Locator. Just look for the PLUS.

Need extra assistance? Contact us at 866.804.0982 or visit eyemed.com.





LENSCRAFTERS'



