



Vision for Individual Health Plans (EyeMed Access Network)

Benefit Period: January 1 through December 31

Member Pays

Services	In-Network (Under Age 19)	In-Network (Age 19 or Older)	Non-Network
Dependent Age Limit	Reach Age 26; Remove at End of Month		
Professional Services (One every 12 months)			
Exam with Dilation ¹	\$0 Copayment	\$15 Copayment	\$15 Allowed Amount
Frame and Lenses (One frame and one set of uncoated plastic lenses every 12 months)			
Frame	100% coverage for provider designated frames	\$15 Copayment + 80% of retail price over \$130 Allowed Amount	\$30 Allowed Amount
Single Vision	\$0 Copayment	\$15 Copayment	\$10 Allowed Amount
Bifocal	\$0 Copayment	\$15 Copayment	\$20 Allowed Amount
Trifocal	\$0 Copayment	\$15 Copayment	\$30 Allowed Amount
Lenticular	\$0 Copayment	\$15 Copayment	\$40 Allowed Amount
Contact Lenses ²			
Extended Wear Disposables (Single-vision spherical or toric)	Up to 6-month supply of monthly wear or 2-week wear EyeMed-designated disposable contact lenses, Covered in full	\$15 Copayment; \$130 Allowed Amount	\$40 Allowed Amount
Daily Wear Disposables (Single-vision spherical)	Up to a 3-month supply of daily disposable EyeMed-designated disposable contact lenses, Covered in full	\$15 Copayment; \$130 Allowed Amount	\$40 Allowed Amount
Conventional	1 pair of EyeMed-designated contact lenses, Covered in full	\$15 Copayment + 85% of remaining retail price over \$130 Allowed Amount	\$40 Allowed Amount
Medically Necessary	EyeMed-designated contact lenses, Covered in full	Covered in full	\$75 Allowed Amount

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.

Allowed amount: The maximum amount allowed for each service listed. The member is responsible for any charges exceeding the amount, in addition to any copayments listed.

Lens Options: If an EyeMed Vision Care provider is used, members are entitled to a discount, in addition to the lens copayments listed above. The discount applies to items whether or not they are covered as part of a vision plan.

Footnote:

- Charges for Contact Lens Fit & Follow-Up are excluded. However, EyeMed Vision Care providers have agreed to apply a discount to these services.
- In lieu of lenses and frames. One pair every 12 months. Contact lens includes materials only.

