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| FOC Logo | **EyeMed Access Network** | EyeMed Logo (Black_600dpi) |
| **Services** | **EyeMed Access****Network** | **Non-Network1** |
| Dependent Age Limit | Same as Medical |
| Professional Services (One every 12 months) Spectacle Exam Contact Lens Fit & Follow-Up Standard  Premium  | $15 copaymentAny amount over spectacle exam(up to $55)10% off of Retail | $15 maximumNot CoveredNot Covered |
| Frame (One every 12 months) | $0 copayment(Up to $100)+ 20% off amount over $100 | $30 maximum |
| Lenses (Uncoated plastic)One pair every 12 months  Single vision Bifocal Trifocal Lenticular | $15 copayment$15 copayment$15 copayment$15 copayment | $10 maximum$20 maximum$30 maximum$40 maximum |
| Contact Lenses (In lieu of lenses)(One pair every 12 months for Conventional or Medically necessary) Conventional Disposable Medically necessary  | $15 copayment (up to $100) + 15% off of amount over $100$15 copayment (up to $100)$15 copayment (up to $200) | $40 maximum$40 maximum$75 maximum |

 Listed below are additional ways to save through the EyeMed Vision program.

 **Lens Options:** Members also received fixed, discount prices on the lens options listed below when an EyeMed provider is used

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|  **Lens options** | **Discounted price** | **Lens options** | **Discounted price** |
| Standard Progressive (no-line bifocal) | $65 plus bifocal copay | Standard Anti-reflective coating | $45 |
| Polycarbonate | $40 | Solid tint or Gradient tint | $15 |
| Scratch-resistant coating | $15 | Photochromic | 20% off retail price |
| Ultraviolet coating | $15 | Glass | 20% off retail price |
| Other Add-Ons | 20% off retail price |  |  |

**Contact Lenses by Mail:** After initial purchases, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. The contact lens benefit allowance is not applicable to this service.

**Additional Savings on Eyeglasses and Conventional Contact Lenses:** After the funded benefit has been used, members save 40% off retail on complete pairs of eyeglasses and 15% off conventional contact lenses at an unlimited frequency.

**Laser Vision Correction**: Members also receive a 15% discount off regular price or 5% off the promotion price for LASIK or PRK from the US Laser Network, owned and Operated by LCA Vision.

The discounts listed above are available through the EyeMed Access network of providers only and are subject to change by EyeMed Vision Care.

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. Benefit allowances provide no remaining balance for future use within the same benefit frequency. There are certain brand name Vision Materials in which the manufacturer imposes a no-discount practice. Limitations and exclusions apply.

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1 The non-network maximum is the amount a member receives for covered vision services received from a non-network provider.