

# MyPriority EyeMed Plans



We've partnered with EyeMed to offer affordable vision coverage that includes the nation's largest vision networks.

	Member in-network cost (EyeMed Select Network)	Out-of-network reimbursement	Member in-network cost (EyeMed Select Network)	Out-of-network reimbursement
Vision care services	Product medium	Product medium	Product high	Product high
Exam with dilation as necessary	\$15 Copay	\$30	\$10 Copay	\$30
Fundus photography benefit	Up to \$39	N/A	Up to \$39	N/A
<b>Exam options</b>				
Standard contact lens fit and follow-up	Up to \$40	N/A	Up to \$40	N/A
Premium contact lens fit and follow-up	10% off retail price	N/A	10% off retail price	N/A
Frames any available frame at provider location	\$0 Copay; \$150 allowance, 20% off balance over \$150	\$75	\$0 Copay; \$200 allowance, 20% off balance over \$200	\$100
<b>Standard plastic lenses</b>				
Single vision	\$25 Copay	\$25	\$20 Copay	\$25
Bifocal	\$25 Copay	\$40	\$20 Copay	\$40
Trifocal	\$25 Copay	\$55	\$20 Copay	\$55
Lenticular	\$25 Copay	\$55	\$20 Copay	\$55
Standard progressive lens	\$90 Copay	\$40	\$85 Copay	\$40
Premium progressive lens	\$90 Copay, 80% of charge less \$120 allowance	\$40	\$85 Copay, 80% of charge less \$120 allowance	\$40
<b>Lens options</b>				
UV treatment tint (solid or gradient)	\$15	N/A	\$15	N/A
Standard plastic scratch coating	\$15	N/A	\$15	N/A
Standard polycarbonate — adults	\$0 Copay	\$5	\$0 Copay	\$5
Standard polycarbonate — kids under 19	\$0 Copay	\$5	\$0 Copay	\$5
Standard anti-reflective coating	\$0 Copay	\$5	\$0 Copay	\$5
Premium anti-reflective polarized	\$45	N/A	\$45	N/A
Other add-ons	80% of charge 20% off retail price 20% off retail price	N/A N/A N/A	80% of charge 20% off retail price 20% off retail price	N/A N/A N/A

	Member in-network cost (EyeMed Select Network)	Out-of-network reimbursement	Member in-network cost (EyeMed Select Network)	Out-of-network reimbursement
<b>Vision care services</b>	<b>Product medium</b>	<b>Product medium</b>	<b>Product high</b>	<b>Product high</b>
<b>Contact Lenses</b>	<i>(Contact lens allowance includes materials only)</i>			
<b>Conventional</b>	\$0 Copay; \$150 allowance, 15% off balance over \$150	\$120	\$0 Copay; \$200 allowance, 15% off balance over \$200	\$160
<b>Disposable</b>	\$0 Copay; \$150 allowance, plus balance over \$150	\$120	\$0 Copay; \$200 allowance, plus balance over \$200	\$160
<b>Medically necessary</b>	\$0 Copay, paid-in-full	\$210	\$0 Copay, paid-in-full	\$210
<b>Laser vision correction</b>				
<b>Lasik or PRK from U.S. Laser Network</b>	15% off retail price or 5% off promotion price	N/A	15% off retail price or 5% off promotion price	N/A
<b>Additional pairs benefit</b>				
<b>Eyeglasses</b>	40% discount on complete pair eyeglass purchase for members	N/A	40% discount on complete pair eyeglass purchase for members	N/A
<b>Conventional contact lenses</b>	15% discount for members <i>(once the funded benefit has been used)</i>	N/A	15% discount for members <i>(once the funded benefit has been used)</i>	N/A
<b>Frequency</b>				
<b>Examinations</b>	Once every 12 months	–	Once every 12 months	–
<b>Lenses or contact lenses</b>	Once every 12 months	–	Once every 12 months	–
<b>Frames</b>	Once every 12 months	–	Once every 12 months	–
<b>Plan cost</b>				
<b>Per member per month</b>	<b>\$7.93</b>	–	<b>\$11.85</b>	–

All plans are based on a 12-month contract term and 12-month rate guarantee.

Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies.

\*Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate.

### Customer Service

Members can contact EyeMed directly with questions on their benefits.

#### Call EyeMed at 866.276.8399

Monday – Friday, 7:30 a.m.–11 p.m. EST  
 Saturday, 8 a.m.–11 p.m. EST  
 Sunday, 11 a.m.–8 p.m. EST.

#### Find a provider

To find a participating vision provider or see if your provider is in the EyeMed network, go to [priorityhealth.com](http://priorityhealth.com) and use the Find a Doctor tool.