

MyPriority vision coverage and discounts



We've partnered with EyeMed to offer vision coverage and discounts to MyPriority® plan members. Priority Health and EyeMed are offering affordable vision coverage including a large vision network.



Members will also receive discounts through EyeMed, available from thousands of in-network eye doctors and top optical retailers. When members choose a Priority Health plan, they have the option to add EyeMed vision coverage to it.

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. To find a participating vision provider or see if your provider is in the EyeMed network, go to priorityhealth.com and use the Find a Doctor tool.

Vision care services	MYPRIORITY EYEMED – MEDIUM		MYPRIORITY EYEMED – HIGH	
	Member in-network cost (EyeMed Select Network)	Out-of-network reimbursement	Member in-network cost (EyeMed Select Network)	Out-of-network reimbursement
Exam with dilation as necessary	\$15 Copay	\$30	\$10 Copay	\$30
Fundus photography benefit	Up to \$39	N/A	Up to \$39	N/A
Exam options:				
• 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

	MYPRIORITY EYEMED – MEDIUM		MYPRIORITY EYEMED – HIGH	
Vision care services	Member in-network cost (EyeMed Select Network)	Out-of-network reimbursement	Member in-network cost (EyeMed Select Network)	Out-of-network reimbursement
Standard plastic lenses				
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
Lens options				
UV treatment	\$15	N/A	\$15	N/A
Tint (solid and gradient)	\$15	N/A	\$15	N/A
Standard plastic scratch coating	\$0 Copay	\$5	\$0 Copay	\$5
Standard polycarbonate - adults	\$0 Copay	\$5	\$0 Copay	\$5
Standard anti-reflective coating	\$45	N/A	\$45	N/A
Premium anti-reflective	80% of charge	N/A	80% of charge	N/A
Polarized	20% off retail price	N/A	20% off retail price	N/A
Other add-ons	20% off retail price	N/A	20% off retail price	N/A
Contact lenses <i>(Contact lens allowance includes materials only)</i>				
Conventional	\$0 Copay; \$150 Allowance, 15% off balance over \$150	\$120	\$0 Copay; \$200 Allowance, 15% off balance over \$200	\$160
Disposable	\$0 Copay; \$150 allowance, plus balance over \$150	\$120	\$0 Copay; \$200 allowance, plus balance over \$200	\$160
Medically necessary	\$0 Copay, paid-in-full	\$210	\$0 Copay, paid-in-full	\$210
Laser vision correction Lasik or PRK from U.S. laser network	15% off retail price or 5% off promotion price	N/A	15% off retail price or 5% off promotion price	N/A
Additional pairs benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used	N/A	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used	N/A
Frequency:				
Examination	Once every 12 months	N/A	Once every 12 months	N/A
Lenses or contact lenses	Once every 12 months		Once every 12 months	
Frame	Once every 12 months		Once every 12 months	
Monthly claims and EyeMed admin rate per member per month	\$7.93	N/A	\$11.85	N/A

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.