

## Vision Benefit Summary: Atomic Design & Consulting

### EyeMed Insight Network

	<u>In Network</u>	<u>Out of Network*</u>
Exam with Dilation as necessary	\$10 copay	\$30 reimbursement

### Eyeglass Lenses

Single Vision	\$25 copay	\$5 reimbursement
Bifocal	\$25 copay	\$15 reimbursement
Trifocal	\$25 copay	\$33 reimbursement
Lenticular	\$25 copay	\$33 reimbursement
Standard Progressive Lenses	\$90 copay	\$15 reimbursement
Premium Progressive Lenses (price varies by tier)	\$110-\$135 copay	\$15 reimbursement

### Frames/Contact Lenses

Frames	\$150 allowance	\$75 reimbursement
Conventional	\$150 allowance	\$120 reimbursement
Disposable	\$150 allowance	\$120 reimbursement
Medically Necessary	\$0 copay, paid in full	\$210 reimbursement

### Contact Lens Fitting/Follow up\*\*

Standard	\$0 copay	\$40 reimbursement
Premium	\$0 Copay, 10% off retail prices, then apply \$40 allowance	\$40 reimbursement
Retinal Imaging Benefit	Up to \$39	N/A
Laser Vision Correction***	15% off retail	

### Frequency

Examination	Once every 12 months.
Lenses or Contact Lenses	Once every 12 months.
Frames	Once every 24 months.

Additional Pairs Benefit (In-Network Only)

Members also receive a 40% discount off complete pair of eyeglass purchases and a 15% discount off conventional contact lenses once the provided benefit has been used.

### Included Lens Options

UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0	\$5
Standard Polycarbonate - Adults	\$40	N/A
Standard Polycarbonate - Kids under 19	\$0	\$20
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Photochromatic/Transitions Plastic	\$75	N/A
Premium Anti-Reflective:		
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Other Add-Ons	20% off Retail Price	N/A