Paradigm Precision

	L

40% of prescription eyeglasses

20%FF

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(Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call
 1.800.988.4221

Heads Up

You may have additional benefits. Log into **eyemed.com/member** to see all plans included with your benefits.

VISION CARE SERVICES IN-NETWORK MEMBER COST OUT-OF-NETWORK MEMBER REIMBURSEMENT EXAM SERVICES 510 copay Up to \$45 Exam Retinal Imaging Up to \$39 Not covered CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up - Standard Up to \$40 Not covered Fit and Follow-up - Standard Up to \$40 Not covered FRAME S0 copay: 20% off balance over \$130 allowance Up to \$70 Frame S0 copay: 20% off balance over \$130 allowance Up to \$70 LENSES S100 Up to \$25 copay Up to \$250 Trifacal \$25 copay Up to \$250 Progressive - Standard \$25 copay Up to \$50 Progressive - Standard \$25 copay Up to \$50 Progressive - Premium Tier 1 - 3 \$100 - 125 copay Up to \$50 Progressive - Premium Tier 1 - 3 \$100 - 125 copay Up to \$50 Progressive - Premium Tier 1 - 2 \$57 - 68 Not covered Anti Reflective Coating - Premium Tier 1 - 2 \$57 - 68 Not covered Anti Reflective Coating - Premium Tier 1 - 2 \$57 - 68 Not covered Polycorbonate - Standard \$40 Not covered Polycorbonate - Standard \$40 Not covered Polycorbonate - Standard \$15 Not covered	SUMMARY OF BENEFITS			
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Contact Lenses Once every calendar year Once every calendar year		Once every calendar year	Once every calendar year	

(Plan allows the member to receive either contacts and frame, or frame and lens services.)

Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two poir of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person cases to be covered under the Policy, except when Vision Materials ordered before toverage ended are delivered, and the services rendered after the date an Insured Person. Discount date of such order; lost or broken lenses, frames, glasses, or contact lenses. Han discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the policy except lense. The Certificate of Insurance costs. Fixed pricing is reflective of brands at the listed providers. Please see online provider has a not be termine which participating providers have agreed to the discounted rate. Discount

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There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

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Members already save an average 71% off retail using their EyeMed benefits,¹ but our long list of special offers takes benefits even further.

Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

¹Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.





Create a member account at eyemed.com

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LENSCRAFTERS



