# eyeMed

# Bay de Noc Community College

## Additional discounts

# 40% OFF
Complete pair of prescription eyeglasses

# 20% OFF
Non-prescription sunglasses

# 20% OFF
Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only

## Take a sneak peek before enrolling

- You're on the INSIGHT Network

- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.866.804.0982.

- For LASIK providers, call 1.877.5LASER6.

| Vision Care Services | In-Network Member Cost | Out-of-Network Reimbursement |
|---|---|---|
| **Exam With Dilation as Necessary** | $0 Co-pay | Up to $40 |
| **Retinal Imaging** | Up to $39 | N/A |
| **Frames** | $0 Co-pay, $100 Allowance, 20% off balance over $100 | Up to $55 |
| **Standard Plastic Lenses** | | |
| Single Vision | $0 Co-pay | Up to $38 |
| Bifocal | $0 Co-pay | Up to $60 |
| Trifocal | $0 Co-pay | Up to $72 |
| Lenticular | $0 Co-pay | Up to $108 |
| Standard Progressive Lens | $65 Co-pay | Up to $60 |
| Premium Progressive Lens△ | $85 Co-pay - $110 Co-pay | |
| Tier 1 | $85 Co-pay | Up to $60 |
| Tier 2 | $95 Co-pay | Up to $60 |
| Tier 3 | $110 Co-pay | Up to $60 |
| Tier 4 | $65 Co-pay, 80% of charge less $120 Allowance | Up to $60 |
| **Lens Options** | | |
| UV Treatment | $15 | N/A |
| Tint (Solid and Gradient) | $0 Co-pay | Up to $12 |
| Standard Plastic Scratch Coating | $15 | N/A |
| Standard Polycarbonate—Adults | $40 | N/A |
| Standard Polycarbonate—Kids under 19 | $0 Co-pay | Up to $32 |
| Standard Anti-Reflective Coating | $45 | N/A |
| Premium Anti-Reflective Coating△ | $57 - $68 | N/A |
| Tier 1 | $57 | N/A |
| Tier 2 | $68 | N/A |
| Tier 3 | 80% of charge | N/A |
| Photochromic/Transitions | $75 | N/A |
| Polarized | $0 | Up to $12 |
| Other Add-Ons and Services | 20% off Retail Price | N/A |
| **Contact Lens Fit and Follow-Up** (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed) | | |
| Standard Contact Lens Fit & Follow-Up | Up to $55 | N/A |
| Premium Contact Lens Fit & Follow-Up | 10% off Retail Price | N/A |
| **Contact Lenses** (Contact lens allowance includes materials only.) | | |
| Conventional | $0 Co-pay, $115 Allowance, 15% off balance over $115 | Up to $115 |
| Disposable | $0 Co-pay, $115 Allowance; plus balance over $115 | Up to $115 |
| Medically Necessary | $0 Co-pay, paid-in-full | Up to $210 |
| **Laser Vision Correction** | | |
| LASIK or PRK from U.S. Laser Network | 15% off the retail price or 5% off the promotional price | N/A |
| **Frequency** | | |
| Examination | Once every 12 months | |
| Lenses or Contact Lenses | Once every 12 months | |
| Frame | Once every 12 months | |

# What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly — and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.

**eyeMed**

## Benefits Snapshot

| Benefits Snapshot | With EyeMed | Out-of-Network Reimbursement |
|---|---|---|
| Exam, with dilation as necessary (once every 12 months) | $0 Co-pay | Up to $40 |
| Frames (once every 12 months) | $0 Co-pay, $100 Allowance; 20% off balance over $100 | Up to $55 |
| Single Vision Lenses (once every 12 months) or | $0 Co-pay | Up to $38 |
| Contacts (once every 12 months) | $0 Co-pay, $115 Allowance; plus balance over $115 | Up to $115 |

## And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs $163 with single vision lenses that have UV and scratch protection. Now let's see the difference…

# 80%
## SAVINGS
### with us*

| With EyeMed | | Without Insurance** | |
|---|---|---|---|
| Exam | $0 Co-pay | Exam | $106 |
| Frame | $163 | Frame | $163 |
| | -$100 Allowance | | |
| | $63 | | |
| | -$12.60 (20% discount off balance) | | |
| | $50.40 | | |
| Lens | $0 Co-pay | Lens | $78 |
| | $15 UV treatment add-on | | $23 UV treatment add-on |
| | +$15 scratch coating add-on | | +$25 scratch coating add-on |
| | $30 | | $126 |
| Total | $80.40 | Total | $395 |

## Download the EyeMed Members App
It's the easy way to view your ID card, see benefit details and find a provider near you.

**eyeMed** | **INDEPENDENT PROVIDER NETWORK** + **LensCrafters** **PEARLE VISION** **Target OPTICAL** **sears OPTICAL** **JCPenney | optical**

*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections.  **Based on industry averages.