

PEHP Eyewear Only

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
FRAME Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
STANDARD PLASTIC LENSES Single Vision Bifocal Trifocal Lenticular Progressive – Standard Progressive – Premium Tier 1 - 3 Progressive – Premium Tier 4	\$10 copay \$10 copay \$10 copay \$10 copay \$75 copay \$95 - 120 copay \$75 copay; 20% off retail price less \$120 allowance	Up to \$25 Up to \$40 Up to \$55 Up to \$55 Up to \$40 Up to \$40 Up to \$40
LENS OPTIONS Anti Reflective Coating – Standard Anti Reflective Coating – Premium Tier 1 - 2 Anti Reflective Coating – Premium Tier 3 Photochromic – Non-Glass Polycarbonate – Standard Polycarbonate – Standard < 19 years of age Scratch Coating – Standard Plastic Tint – Solid or Gradient UV Treatment All Other Lens Options	\$45 \$57 - 68 20% off retail price \$75 \$40 \$40 \$15 \$15 \$15 20% off retail price	Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered
CONTACT LENSES Contacts – Conventional Contacts – Disposable Contacts – Medically Necessary	\$0 copay; 15% off balance over \$130 allowance \$0 copay; 100% of balance over \$130 allowance \$0 copay; paid in full	Up to \$104 Up to \$104 Up to \$200
OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network	Discounts on hearing exam and 15% off retail or 5% off promo price; call 1.800.988.4221	Not covered Not covered
FREQUENCY Frame Lenses Contact Lenses (Plan allows member to receive either contacts and frame, or frames and lens services)	ALLOWED FREQUENCY - ADULTS Once every 12 months Once every 12 months Once every 12 months	ALLOWED FREQUENCY - KIDS Once every 12 months Once every 12 months Once every 12 months
PREMIUMS - bi-weekly		



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (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.

Ready to live your best EyeMed life?

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.

Keep your eyes open for extra discounts

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

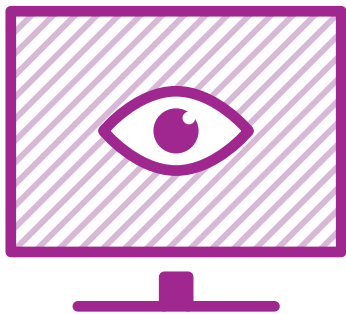
Remember, you're never alone

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.



eye
Med



Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
EST. 1961
VISION

OPTICAL