

# MyPriority EyeMed Medium Plan

We've partnered with EyeMed to offer affordable vision coverage that includes the nation's largest vision networks.

	Member in-network cost (EyeMed Select Network)	Out-of-network reimbursement
<b>Vision care services</b>	<b>Medium Plan</b>	<b>Medium Plan</b>
Exam with dilation as necessary	\$15 Copay	\$30
Fundus photography benefit	Up to \$39	N/A
<b>Exam options</b>		
Standard contact lens fit and follow-up	Up to \$40	N/A
Premium contact lens fit and follow-up	10% off retail price	N/A
Frames any available frame at provider location	\$0 Copay; \$150 allowance, 20% off balance over \$150	\$75
<b>Standard plastic lenses</b>		
Single vision	\$25 Copay	\$25
Bifocal	\$25 Copay	\$40
Trifocal	\$25 Copay	\$55
Lenticular	\$25 Copay	\$55
Standard progressive lens	\$90 Copay	\$40
Premium progressive lens	\$90 Copay, 80% of charge less \$120 allowance	\$40
<b>Lens options</b>		
UV treatment	\$15	N/A
Tint (solid or gradient)	\$15	N/A
Standard plastic scratch coating	\$0 Copay	\$5
Standard polycarbonate - adults	\$0 Copay	\$5
Standard polycarbonate - kids under 19	\$0 Copay	\$5
Standard anti-reflective coating	\$45	N/A
Premium anti-reflective	80% of charge	N/A
Polarized	20% off retail price	N/A
Other add-ons	20% off retail price	N/A

	Member in-network cost (EyeMed Select Network)	Out-of-network reimbursement
Vision care services	Medium Plan	Medium Plan
Contact Lenses	<i>(Contact lens allowance includes materials only)</i>	
Conventional	\$0 Copay; \$150 allowance, 15% off balance over \$150	\$120
Disposable	\$0 Copay; \$150 allowance, plus balance over \$150	\$120
Medically necessary	\$0 Copay, paid-in-full	\$210
<b>Laser vision correction</b>		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotion price	N/A
<b>Additional pairs benefit</b>		
Eyeglasses	40% off complete pair	N/A
Conventional contact lenses	15% discount	N/A
<b>Frequency</b>		
Examinations	Once every 12 months	–
Lenses or contact lenses	Once every 12 months	–
Frames	Once every 12 months	–
<b>Plan cost</b>		
Per member per month	\$7.93	–

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.

### 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.

#### Find a provider

To find a participating vision provider or see if your provider is in the EyeMed network, go to [priorityhealth.com](http://priorityhealth.com) and use the Find a Doctor tool.