RWJBarnabas Health

	SUMMARY OF BENEFITS		
	VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
	EXAM SERVICES		
	Exam	\$10 copay	Up to \$50
	Retinal Imaging	\$15 copay	Up to \$20
40% OFF	CONTACT LENS FIT AND FOLLOW-UP		
40 OFF	Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
additional complete pair	Fit and Follow-up - Premium	10% off retail price	Not covered
of prescription eyeglasses	FRAME		
	Frame	\$0 copay; 20% off balance over \$175 allowance	Up to \$88
	STANDARD PLASTIC LENSES		
20%	Single Vision	\$10 copay	Up to \$50
	Bifocal	\$10 copay	Up to \$75
	Trifocal	\$10 copay	Up to \$100
non-covered items,	Lenticular	\$10 copay	Up to \$125
including non-	Progressive - Standard	\$65 copay	Up to \$75
prescription sunglasses	Progressive - Premium Tier 1 - 3	\$85 - \$110 copay	Up to \$75
h the here of the	Progressive - Premium Tier 4	\$65 copay; 20% off retail price less \$120allowance	Up to \$75
	LENS OPTIONS		
	Anti Reflective Coating - Standard	\$45	Not covered
	Anti Reflective Coating - Premium Tier 1 - 2	\$57 - 68	Not covered
Find an eye doctor	Anti Reflective Coating - Premium Tier 3	20% off retail price	Not covered
(Insight Network)	Photochromic - Non-Glass	\$75	Not covered
(insight network)	Polycarbonate - Standard	\$40 \$0 constru	Not covered
 eyemed.com 	Polycarbonate - Standard < 19 years of age Scratch Coating - Standard Plastic	\$0 copay \$0 copay	Up to \$28 Up to \$11
	Tint - Solid or Gradient	\$15	Not covered
 EyeMed Members App 	UV Treatment	\$15	Not covered
 For LASIK, call 	All Other Lens Options	20% off retail price	Not covered
1.800.988.4221	·		
1.000.000.4LE1	CONTACT LENSES		
Heads up	Contacts - Conventional	\$0 copay; 15% off balance over \$175allowance	Up to \$140
You may have	Contacts - Disposable	\$0copay; 100% of balance over \$175allowance	. Up to \$140
additional benefits.	Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$210
Log into	OTHER		
0	Hearing Care from Amplifon network	Discounts on hearing exam and	Not covered
eyemed.com/member		aids; call 1.877.203.0675	Net covered.
to see all plans included with your benefits.	Lasik or PRK From U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	NOT COVERED
with your benefits.	FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
	Exam	Once every calendar year	Once every calendar year
	Frame	Once every calendar year	Once every calendar year
	Lenses	Once every calendar year	Once every calendar year
	Contact Lenses	Once every calendar year	Once every calendar year

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

EveMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. 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 Dicyholder 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 pair of glasses in lieu of bifocals; electronic vision devices; services rendered of the date an Insured Person cases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency. Some Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide nor remining balance for future use within the same Benefit Frequency. Some 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 fees, exclusions or limitations listed herein may vary by state. Fees charged by a Provider for services canned the no herein and any local, state or Federal taxes must be paid i

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.





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).



LENSCRAFTERS



