

Group Vision Insurance Benefit Summary

Eligibility: Class 1 - All Active Full-Time Employees

Dependent Definition: To age 26, and to age 26 if a full time student

Vision Plan: 12/12/24 \$150

Vision Care Service	Member Cost In-Network	Out of Network Reimbursement
Exam with Dilation as Necessary	\$10 Copay	Up to \$30
Exam with Dilation as Necessary		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

Exam Options:

Standard Contact Lens Fit and Follow Up • Up to \$40 for Standard; 10% off retail price for Premium NIA

Frames:

Any available frame at provider location \$0 Copay; \$150 Allowance, 20% off balance over \$150 up to \$75

Standard Plastic Lenses

Single Vision	\$10 Copay	Up to \$25
Bifocal	\$10 Copay	Up to \$40
Trifocal	\$10 Copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Standard Progressive Lens	\$75 Copay	Up to \$40
Premium Progressive Lens	See table on page 2	Up to \$40

Lens Options

UV treatment	\$15	NIA
Tint (solid and gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0	Up to \$5
Standard Polycarbonate — Adults	\$40	
Standard Polycarbonate — Kids under 19	\$0	up to \$5

Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	
Photocromatic/Transitions Plastic	\$75	N/A
Premium Anti-reflective	See Below Table	
Contact Lenses (Contact lens allowance includes materials only)		
Conventional \$0 Copay; \$150 allowance, 15% off balance over \$150		Up to \$120
Disposable \$0 Copay; \$150 allowance, plus balance over \$150		up to \$120
Medically Necessary	\$0 Copay, Paid in full	up to \$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off Promotional Price	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchase and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A

12/12/24 \$150 MS 300 B

Group Vision Insurance Benefit Summary continued

Price List*	Member Cost In-Network
Progressive Standard Pro resive	\$75 co a
Premium Pro resives as Follows:	
Tier 1	\$95 co a
Tier 2	\$105 co a
Tier 3	\$120 co a
Tier 4	\$75 Co a , 80% of char e less \$120 Allowance
Price List*	Member Cost In-Network
Anti-Reflective Coating	
Standard Anti-Reflective Coatin	\$45
Premium Anti-Reflective Coatin s as Follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of char e
Other Add-ons Price List	Member cost In-Network
Photochromic lasticl	\$75
Polarized	80% of char e
Dearborn National Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.	
*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands	
For a current listing of brands by tier, go to: www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf	

12/12/24 \$150 MS 300 B