

Grant Wood Area Education Agency

EyeMed Vision Care Benefit Examples (In-Network vs. Out-of-Network Comparison)

Vision Care Service	Retail Price (for example only)	In-Network Benefit	Out-of-Network Benefit
Vision Exam <i>Your Responsibility</i>	\$80	\$5 Copay \$5	Member reimbursed up to \$30 \$50
Glasses Frames Bifocal Vision Plastic Lenses UV Coating Standard Scratch Resistance		\$0 Copay; \$120 Allowance, 20% of balance over \$120 \$10 Copay \$15 \$0	Member reimbursed up to \$60 Member reimbursed up to \$40 No reimbursement Member reimbursed up to \$5
Frames Bifocal Vision Plastic Lenses UV Coating Standard Scratch Resistance <i>Your Responsibility</i>	\$140 \$85 \$19 \$25 \$269	\$16 \$10 \$15 \$0 \$41	\$80 \$45 \$19 \$20 \$164
Contact Lenses Contact Lens Fitting Conventional Contacts		\$40 Copay \$0 Copay, \$135 Allowance, with 15% discount on balance over \$135	No reimbursement Reimbursed up to \$108
Contact Lens Fitting Conventional Contacts <i>Your Responsibility</i>	\$75 \$160 \$235	\$40 \$21.25 \$61.25	\$75 \$52 \$127