



# Genesee ISD - GIEA



## 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](http://eyemed.com)
- EyeMed Members App
- For LASIK, call 1.800.988.4221

### Heads up

You may have additional benefits. Log into [eyemed.com/member](http://eyemed.com/member) to see all plans included with your benefits.

## SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>		
Exam	\$0 copay	Up to \$35
Retinal Imaging	\$0 copay	Not covered
<b>CONTACT LENS FIT AND FOLLOW-UP</b>		
Fit and Follow-up – Standard	\$0 copay	Not covered
Fit and Follow-up – Premium	\$0 copay	Not covered
<b>FRAME</b>		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$66
<b>STANDARD PLASTIC LENSES</b>		
Single Vision	\$0 copay	Up to \$38
Bifocal	\$0 copay	Up to \$60
Trifocal	\$0 copay	Up to \$108
Lenticular	\$0 copay	Up to \$108
Progressive – Standard	\$0 copay	Up to \$60
Progressive – Premium Tier 1 - 4	\$0 copay	Up to \$60
<b>LENS OPTIONS</b>		
Anti Reflective Coating – Standard	\$0 copay	Not covered
Anti Reflective Coating – Premium Tier	\$0 copay	Not covered
Photochromic – Non-Glass	\$0 copay	Not covered
Polycarbonate – Standard	\$0 copay	Not covered
Scratch Coating – Standard Plastic	\$0 copay	Not covered
Tint – Solid and Gradient	\$0 copay	Up to \$25
UV Treatment	\$0 copay	Not covered
Polarized	\$0 copay	Up to \$94
All Other Lens Options	20% off retail price	Not covered
<b>CONTACT LENSES</b>		
Contacts – Conventional	\$0 copay; 15% off balance over \$250 allowance	Up to \$200
Contacts – Disposable	\$0 copay; 100% of balance over \$250 allowance	Up to \$150
Contacts – Medically Necessary	\$0 copay	Up to \$300
<b>OTHER</b>		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
<b>FREQUENCY</b>	<b>ALLOWED FREQUENCY - ADULTS</b>	<b>ALLOWED FREQUENCY - KIDS</b>
Exam	Once every plan year	Once every plan year
Frame	Once every plan year	Twice every plan year
Lenses	Once every plan year	Twice every plan year
Contact Lenses	Once every plan year	Once every plan year
(Plan allows member to receive either contacts and frame, or frames and lens services)		

EyeMed 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 Policyholder 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 after the date an Insured Person ceases 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 when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured 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 provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. 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 online provider locator to determine which participating providers have agreed to the discounted rate.

# 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.

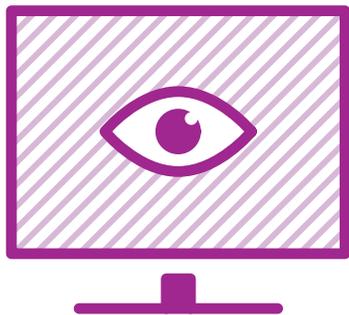
## Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,<sup>1</sup> 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.

<sup>1</sup>Based 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](https://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<sup>®</sup>

PEARLE  
EST. 1961  
VISION

OPTICAL<sup>™</sup>