Genesee ISD – GIESPA

Group#: 1025642

SUMMARY OF BENEFITS

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
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads Up
You may have additional benefits. Log into **eyemed.com/member** to see all plans included with your benefits.

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	$0 copay	Up to $40
Retinal Imaging	Up to $39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up – Standard	Up to $40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up – Premium	10% off retail price	Not covered
FRAME		
Frame	$0 copay; 20% off balance over $200 allowance	Up to $140
STANDARD PLASTIC LENSES		
Single Vision	$0 copay	Up to $30
Bifocal	$0 copay	Up to $50
Trifocal	$0 copay	Up to $70
Lenticular	$0 copay	Up to $70
Progressive – Standard	$0 copay	Up to $50
Progressive – Premium Tier 1-4	$85 - $175 copay	Up to $50
LENS OPTIONS		
Anti Reflective Coating - Standard	$45	Up to $5
Anti Reflective Coating – Premium Tier 1-3	$57 - 85	Up to $5
Photochromic – Non-Glass	$75	Not covered
Polycarbonate – Standard	$40	Not covered
Polycarbonate – Standard < 19 years of age	$0 copay	Up to $5
Scratch coating – Standard Plastic	$0 copay	Up to $5
Tint – Solid and Gradient	$15	Not covered
UV Treatment	$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts – Conventional	$0 copay; 15% off balance over $160 allowance	Up to $112
Contacts – Disposable	$0 copay; 100% off balance over $160 allowance	Up to $112
Contacts – Medically Necessary	$0 copay; paid in full	Up to $210
OTHER		
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
FREQUENCY	**ALLOWED FREQUENCY-ADULTS**	**ALLOWED FREQUENCY-ADULTS**
Exam	Once every plan year	Once every plan year
Frame	Once every plan year	Once every plan year
Lenses	Once every plan year	Once every plan year
Contact Lenses	Once every plan year	Once every plan year