

Group Vision Insurance Benefit Summary

Eligibility: Class 1 - All Active Full-Time Employees Working 40 Hours or More Per Week

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

Vision Plan: 12/12/24 \$130

Vision Care Service	Member Cost In-Network	Out of Network Reimbursement
Exam with Dilation as Necessary	\$10 Copay	Up to \$30
Frequency:		
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	N/A
Frames:		
Any available frame at provider location	\$0 Copay; \$130 Allowance, 20% off balance over \$130	Up to \$65
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	N/A
Tint (solid and gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0	Up to \$5
Standard Polycarbonate – Adults	\$40	N/A
Standard Polycarbonate – Kids under 19	\$0	Up to \$5
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	N/A
Photocromatic/Transitions Plastic	\$75	N/A
Premium Anti-reflective	See Below Table	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$130 allowance, 15% off balance over \$130	Up to \$104
Disposable	\$0 Copay; \$130 allowance, plus balance over \$130	Up to \$104
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

Group Vision Insurance Benefit Summary *continued*

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