



Adult Vision Benefit
EyeMed Insight Plan H



Bright HealthCare

Vision Care Services	Member Cost In-Network	Member Out-of-Network Copayment*
Exam with Dilation as Necessary	\$10 Copay	\$45
Retinal Imaging Benefit	Up to \$39	N/A
Frames: Any available frame at provider location	\$0 Copay; \$130 Allowance, 20% off balance over \$130	\$60
Standard Plastic Lenses Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens	\$25 Copay \$25 Copay \$25 Copay \$25 Copay \$90 Copay See attached Fixed Premium Progressive price list	\$25 \$39 \$63 \$63 \$39 \$39
<i>If a member seeks Standard Plastic Lenses in AK, CA, HI, OR, WA, Group Contracted Rate is \$15 higher.</i>		
Lens Options: UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized Other Add-Ons	\$15 \$15 \$15 \$40 \$40 \$45 20% off Retail Price 20% off Retail Price	N/A N/A N/A N/A N/A N/A N/A N/A
Contact Lenses <i>(Contact lens allowance includes materials only)</i> Conventional Disposable Medically Necessary	\$0 Copay; \$130 allowance, 15% off balance over \$130 \$0 Copay; \$130 allowance, plus balance over \$130 \$0 Copay, Paid-in-Full	\$112 \$112 \$210
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Amplifon Hearing Health Care	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency: Examination Lenses or Contact Lenses Frame	Once every 12 months Once every 12 months Once every 12 months	

Progressive Price List*	Member Cost In-Network (Includes Lens Copay)
Standard Progressive	\$90 Copay
Premium Progressives as Follows:	
Tier 1	\$110 Copay
Tier 2	\$120 Copay
Tier 3	\$135 Copay
Tier 4	\$90 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
EyeMed 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 at all levels.	

For a current listing of brands by tier, go to:

<http://www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf>