

Services	EyeMed Access Network	Non-Network ¹
Dependent Age Limit	Same as Medical	
Professional Services (One every 12 months) Spectacle Exam	\$15 copayment Any amount over spectacle exam	\$15 maximum
Contact Lens Fit & Follow-Up Standard Premium	(up to \$55) 10% off of Retail	Not Covered Not Covered
Frame (One every 12 months)	\$0 copayment (Up to \$100)+ 20% off amount over \$100	\$30 maximum
Lenses (Uncoated plastic) One pair every 12 months Single vision Bifocal Trifocal Lenticular	\$15 copayment \$15 copayment \$15 copayment \$15 copayment	\$10 maximum \$20 maximum \$30 maximum \$40 maximum
Contact Lenses (In lieu of lenses) (One pair every 12 months for Conventional or Medically necessary) Conventional	\$15 copayment (up to \$100) + 15% off of amount over \$100	\$40 maximum
Disposable	\$15 copayment (up to \$100)	\$40 maximum
Medically necessary	\$15 copayment (up to \$200)	\$75 maximum

Listed below are additional ways to save through the EyeMed Vision program.

Lens Options: Members also received fixed, discount prices on the lens options listed below when an EyeMed provider is used

Lens options	Discounted price	Lens options	Discounted price
Standard Progressive (no-line bifocal)	\$65 plus bifocal copay	Standard Anti-reflective coating	\$45
Polycarbonate	\$40	Solid tint or Gradient tint	\$15
Scratch-resistant coating	\$15	Photochromic	20% off retail price
Ultraviolet coating	\$15	Glass	20% off retail price
Other Add-Ons	20% off retail price		

Contact Lenses by Mail: After initial purchases, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. The contact lens benefit allowance is not applicable to this service.

Additional Savings on Eyeglasses and Conventional Contact Lenses: After the funded benefit has been used, members save 40% off retail on complete pairs of eyeglasses and 15% off conventional contact lenses at an unlimited frequency.

Laser Vision Correction: Members also receive a 15% discount off regular price or 5% off the promotion price for LASIK or PRK from the US Laser Network, owned and Operated by LCA Vision.

The discounts listed above are available through the EyeMed Access network of providers only and are subject to change by EyeMed Vision Care.

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services. Benefit allowances provide no remaining balance for future use within the same benefit frequency. There are certain brand name Vision Materials in which the manufacturer imposes a no-discount practice. Limitations and exclusions apply.

¹ The non-network maximum is the amount a member receives for covered vision services received from a non-network provider.