

# NEW PROVIDER FOR 2025! VISION PLAN



40% OFF ADDITIONAL COMPLETE PAIR OF PRESCRIPTION EYEGLASSES  
20% OFF NON-COVERED ITEMS, INCLUDING NON-PRESCRIPTION SUNGLASSES

| VISION CARE SERVICES  | IN-NETWORK MEMBER COST  | OUT-OF-NETWORK MEMBER REIMBURSEMENT  |
|---|---|--|
| <b>EXAM SERVICES</b><br><i>Exam at PLUS Providers</i> PLUS PROVIDER<br>Exam<br>Retinal Imaging  | <b>\$0 Copay</b><br>\$10 Copay<br>Up to \$39  | <b>Up to \$40</b><br>Up to \$40<br>Not covered   |
| <b>CONTACT LENS FIT AND FOLLOW-UP</b><br>Fit and Follow-up - Standard<br>Fit and Follow-up - Premium  | Up to \$40; contact lens fit and two follow-up visits<br>10% off retail price   | Not covered<br>Not covered   |
| <b>FRAME</b><br><i>Frame at PLUS Provider</i><br>Frame  | <b>\$0 copay; 20% off balance over \$170 allowance</b><br>\$0 copay; 20% off balance over \$120 allowance   | <b>Up to \$60</b><br>Up to \$60  |
| <b>Standard Plastic Lenses</b><br>Single Vision<br>Bifocal<br>Trifocal/Lenticular<br>Progressive - Standard<br>Progressive - Premium Tier 1 - 4   | \$10 Copay<br>\$10 Copay<br>\$10 Copay<br>\$65 Copay<br>\$95 - 225  | Up to \$30<br>Up to \$50<br>Up to \$70<br>Up to \$50<br>Up to \$50   |
| <b>Lens Options</b><br>Anti Reflective Coating - Standard<br>Anti Reflective Coating - Premium Tier 1 - 3<br>Photochromic - Non-Glass<br>Polycarbonate - Standard<br>Polycarbonate - Std < 19 years of age<br>Scratch Coating<br>Tint<br>UV Treatment<br>All Other Lens Options | \$45 Copay<br>\$57 - 100<br>\$75<br>\$40<br>\$0 Copay<br>\$0 Copay<br>\$15<br>\$15<br>20% off retail price  | Up to \$23<br>Up to \$23<br>Not covered<br>Not covered<br>Up to \$20<br>Up to \$8<br>Not covered<br>Not covered<br>Not covered |
| <b>Contact Lenses</b> (Discount applies to materials only)<br><i>Contacts - Conventional at PLUS Providers</i><br>Contacts - Conventional<br><i>Contacts - Disposable at PLUS Providers</i><br>Contacts - Disposable<br>Contacts - Medically Necessary                          | <b>\$0 copay; 15% off balance over \$170 allowance</b><br>\$0 copay; 15% off balance over \$120 allowance<br><b>\$0 copay; 100% of balance over \$170 allowance</b><br>\$0 copay; 100% of balance over \$120 allowance<br>\$0 copay; paid-in-full | <b>Up to \$60</b><br>Up to \$60<br><b>Up to \$60</b><br>Up to \$60<br>Up to \$300  |
| <b>Other</b><br>Hearing Care from Amplifon Network<br>Lasik or PRK from U.S. Laser Network  | Discounts on hearing aids; call 877.203.0675<br>15% off retail or 5% off promo price; call 800.988.4221   | Not covered<br>Not covered   |
| <b>Frequency</b><br>Examination, Lenses & Contacts<br>Frame   | Once every plan year<br>Once every other plan year  |  |

## SAVINGS + CONVENIENCE + CHOICE

Staying in-network helps you save money on eye exams, frames and lenses.



Visiting a **PLUS Provider** is designed to help you save even more. And since **PLUS Providers** are already in our network, the additional perks are built right into your vision benefits.

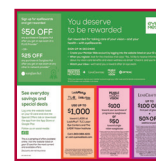
Find plenty of in-network eye doctors — including **PLUS Providers** — on our **Provider Locator**. Just look for the **PLUS**. Need extra assistance?

Contact us at **866.939.3633** or visit [eyemed.com](http://eyemed.com).

## EYEMED RESOURCES



**EYEMED MOBILE APP**  
[bit.ly/kt-em-app](http://bit.ly/kt-em-app)



**EYEMED REWARDS**  
[bit.ly/kt-em-rewards](http://bit.ly/kt-em-rewards)



## RATES

| STANDARD PLAN     | WEEKLY | BI-WEEKLY | MONTHLY |
|-------------------|--------|-----------|---------|
| Employee          | \$1.03 | \$2.07    | \$4.48  |
| Employee + Spouse | \$2.85 | \$5.71    | \$12.37 |
| Employee + 1      | \$3.02 | \$6.04    | \$13.09 |
| Family            | \$3.96 | \$7.92    | \$17.16 |