

### Unitarian Universalist Association

DU

40%

additional complete pair of prescription eyeglasses

20% |

non-covered items, including nonprescription 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.

Lenses

**Contact Lenses** 

VISION CARE SERVICES  EXAM SERVICES  EXAM SERVICES  Exam  Silo copay  Up to \$39  Not covered  CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up - Standard  Frame  So copay; 20% off balance over \$130 allowance  Vip to \$42  Biffocal Services  Single Vision Siffocal Lenticular Progressive - Standard Silo copay Up to \$39  Not covered  Vip to \$42  Single Vision Siffocal Lenticular Progressive - Premium Tier 1 - 4  LENS OPTIONS  Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 - 3  Photochromic - Non-Glass Photochromic - Non-Glass Projvcarbonate - Standard Plastic Tint - Solid and Gradient Vir Teatment  Silo copay Up to \$36  Anti Covered  Silo copay Up to \$38  Anti Reflective Coating - Standard Anti Reflective Coating - Standard Polycarbonate - Standard Polycarbonate - Standard Silo copay Silo copay Silo copay Up to \$32  Copay Up to \$32  Copay Up to \$33  Anti Reflective Coating - Standard Anti Reflective Coating - Standard Silo copay Silo copay Silo copay Silo copay Up to \$32  Copay: Up to \$42  Copar: U	
Exam Retinal Imaging S10 copay Up to \$39 Not covered  CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up - Standard Fit and Follow-up - Premium 10% off retail price Not covered  FRAME Frame S0 copay; 20% off balance over \$130 allowance  STANDARD PLASTIC LENSES Single Vision S25 copay Up to \$42 Bifocal S25 copay Up to \$78 Trifocal S25 copay Up to \$130 Lenticular Progressive - Standard Progressive - Premium Tier 1 - 4 \$110 - 200 copay Up to \$36 Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 - 3 Polycarbonate - Standard 2 69 years of age S0 copay S15 Copay S27 Copay Up to \$36 Not covered S45 Not covered S40 Not covered S41 S45 S60 Copay S60 Copay S60 Copay S60 Copay S75 Not covered S60 Copay S75 Not covered S75 Not c	
Single Copay   Up to \$57	
Retinal Imaging  CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up - Standard  Wp to \$40; contact lens fit and two follow-up visits Fit and Follow-up - Premium  10% off retail price  Not covered  FRAME Frame  \$0 copay; 20% off balance over \$130 allowance  STANDARD PLASTIC LENSES  Single Vision  Special \$25 copay  Wp to \$42  Bifocal  Frifocal  Lenticular  Progressive - Standard  Anti Reflective Coating - Standard  Anti Reflective Coating - Premium Tier 1 - 3  Photochromic - Non-Glass  Pholycarbonate - Standard  Polycarbonate - Standard 250 years of age  Scratch Coating - Standard Plastic  Tint - Solid and Gradient  With the standard Solid and Gradient  With the standard Solid and Gradient  With the standard Solid and Gradient  Solid and Gradient  Solid progressive - Conventional  Solid progressive - Standard  Solid progressive - Standard Plastic  Solid progressive - Standard Solid progressive - Standard  Solid progressive - Standard Solid progressive - Standard Solid progressive - Standard Solid progressive - Standard Solid progressive - Standard Solid progressive - Standard Solid progressive - Standard Solid progressive - Standard Solid progressive - Standard Solid progressive - Solid progress	
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Exam Once every plan year Once every plan ye	ear
Frame Once every other plan year Once every other p	

Once every plan year

Once every plan year

Once every plan year

Once every plan year

(Plan allows member to receive either contacts and frame, or frames and lens services)

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy, Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In c

# Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

#### Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from independent eye doctors, your favorite retail stores, even online options.

#### Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,1 but our long list of special offers takes benefits even further.

#### Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

<sup>1</sup>Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.





## Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor-search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).









