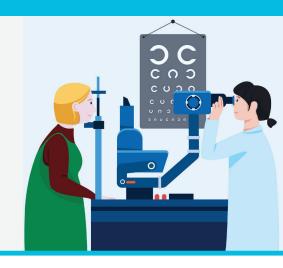
Vision Insurance EyeMed

ABOUT VISION

Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/redoakisd



Vision	
Employee	\$5.78
Employee and 1 Dependent	\$10.97
Employee and 2+ Dependents	\$16.11

Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

Summary of Benefits	ummary of Benefits Member Cost		
Vision Care Services	In-Network (INSIGHT)	Out-of-Network Reimbursemen	
Exam With Dilation as Necessary	\$10 Co-pay	Up to \$40	
Retinal Imaging	Up to \$39	N/A	
Frames	\$0 Co-pay; \$130 allowance; 20% off balance over \$130	Up to \$91	
Standard Plastic Lenses			
Single Vision	\$25 Co-pay	Up to \$30	
Bifocal	\$25 Co-pay	Up to \$50	
Trifocal	\$25 Co-pay	Up to \$70	
Standard Progressive Lens Premium Progressive Lens	\$90 Co-pay \$110 Co-pay- \$135 Co-pay	Up to \$50	
Tier 1 Tier 2 Tier 3 Tier 4	\$110 Co-pay \$120 Co-pay \$135 Co-pay \$90 Co-pay, 80% of charge less \$120 allowance	Up to \$50	
Lenticular	\$25 Co-pay	Up to \$70	
Lens Options (paid by the member and adde	ed to the base price of the lens)		
UV Treatment	\$15	N/A	
Tint (Solid and Gradient)	\$15	N/A	
Standard Plastic Scratch Coating	\$15	N/A	
Standard Polycarbonate	\$40	N/A	
Standard Polycarbonate- Kids under 19	\$40	N/A	
Standard Anti-Reflective Coating	\$45	N/A	
Premium Anti-Reflective Coating	\$57-\$68	N/A	
Tier 1 Tier 2 Tier 3	\$57 \$68 80% of charge	N/A	
Photochromic/Transitions	\$75	N/A	
Polarized	20% off retail price	N/A	
Other Add-Ons and Services	20% off retail price	N/A	
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are as	vailable once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A	
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A	
Contact Lenses			
Conventional	\$0 Co-pay; \$130 allowance; 15% off balance over \$130	Up to \$130	
Disposable	\$0 Co-pay; \$130 allowance; plus balance over \$130	Up to \$130	
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$210	
Laser Vision Correction			
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A	

You're on the **INSIGHT Network**

For a complete list of innetwork providers near you, use our Enhanced Provider Locator on www.eyemed.com or call (866) 804-0982.

For Lasik providers, call (877) 5LASER6.

You can request your vision ID card by contacting EyeMed directly at (888) 581-3648. You can also go to www.eyemed.com and register/login to access your account