

Downers Grove Sanitary Dist.

40% of prescription eyeglasses

20%FF non-covered items, including non-

prescription sunglasses

Find an eye doctor (Select Network)

- 866.299.1358
- 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.

ADULTS Exam Once every 12 months from the Once every 12 months from the date of service	SUMMARY OF BENEFITS			
ExamS10 copayUp to \$30CONTACT LENS FIT AND FOLLOW-UPFit and Follow-up - StandardUp to \$40; contact lens fit and two follow-up visitsFit and Follow-up - Premium10% off retail priceNot coveredFRAMEFrameS0 copay; 20% off balance over \$130 allowanceUp to \$65STANDARD PLASTIC LENSESS10 copayUp to \$25Bifocal\$10 copayUp to \$40Progressive - Standard\$75 copay; 20% off retail priceUp to \$40Progressive - Standard\$10 copayUp to \$40Progressive - Standard\$75 copay; 20% off retail priceUp to \$40Progressive - Standard\$75 copay; 20% off retail priceUp to \$40Progressive - Standard\$45Not coveredAnti Reflective Coating - Standard\$45Not coveredAnti Reflective Coating - Standard\$40Not coveredScratch Coating - Standard\$40Not coveredAnti Reflective Coating - Standard\$40Not coveredAnti Reflective Coating - Standard\$40Not coveredScratch Coating - Standard\$40Not coveredContacts - Conventional\$15Not coveredContacts - Conventional\$0 copay; 15% off balance overUp to \$104Contacts - Conventional\$0 copay; 15% off balance overUp to \$200Contacts - Medically Necessary\$0 copay; 15% off balance overUp to \$200Contacts - Medically Necessary\$0 copay; 15% off balanceUp to \$200Contacts - Medically Necessary\$0 copay; 100% of balance				
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	Contact Lenses			

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

EveMed 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 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 crotact 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 are within all days classes 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. Fees charged by a Provider for services other than a covered under the Policy. Allowances provide no remaining balance for future use withi

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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.

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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.

¹Based 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).



LENSCRAFTERS



