



Niles City Schools
EyeMed Insight Plan H
1/1/2023 - 12/31/2023

Vision Care Service	Member Cost In-Network	Out-of-Network Reimbursement *
Exam with Dilatation as Necessary	\$0 Copay	\$40
Frequency:		
Examination	Once every plan year	
Lenses or Contact Lenses	Once every plan year	
Frame	Once every plan year	
Exam Options:		
Retinal Imaging:	Up to \$39	N/A
Standard Contact Lens Fit and Follow Up:	Up to \$40	N/A
Premium Contact Lens Fit and Follow Up:	10% off Retail Price	N/A
Frames:		
Any available frame at provider location	\$0 Copay; \$130 Allowance, 20% off balance over \$130	\$91
Standard Plastic Lenses		
Single Vision	\$0 Copay	\$30
Bifocal	\$0 Copay	\$50
Trifocal	\$0 Copay	\$70
Lenticular	\$0 Copay	\$70
Standard Progressive Lens	\$55 Copay	\$50
Premium Progressive Lens	See attached Fixed Premium Progressive price list	\$50
Lens Options		
UV treatment	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate – Adults	\$40	N/A
Standard Polycarbonate – Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Photochromic/Transitions Plastic	\$75	N/A
Premium Anti-reflective	See attached Fixed Premium Anti-Reflective Coating list	\$5
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$130 allowance, 15% off balance over \$130	\$105
Disposable	\$0 Copay; \$130 allowance, plus balance over \$130	\$105
Medically Necessary	\$0 Copay, Paid-in-Full	\$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A



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Progressive Price List *	Member Cost In-Network (Includes Lens Copay)
Standard Progressive	\$55 Copay
Premium Progressive as Follows:	
Tier 1	\$85 Copay
Tier 2	\$95 Copay
Tier 3	\$110 Copay
Tier 4	\$175 Copay
Anti-Reflective Coating Price List *	Member Cost In-Network
Standard Anti-Reflective Coating	\$45
Premium Progressive as Follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	\$85 Copay
Other Add-ons Price List	Member Cost In-Network
Photochromic (Plastic)	\$75
Polarized	20% off Retail

Eyemed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.

* Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.

For a current listing of brands by tier, go to:

<http://www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf>