



## Cuyahoga Community College MMO EyeMed Insight

<b>Essential Plan</b>			<b>Enhanced Plan</b>		
Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*	Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$0 Copay	\$30	Exam with Dilation as Necessary	\$0 Copay	\$30
Retinal Imaging Benefit	Up to \$39	N/A	Retinal Imaging Benefit	Up to \$39	N/A
Contact Lens Exam Options:			Contact lens fit and follow up: (two follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard Contact Lens Fit and Follow-Up:	Up to \$40	N/A	Standard Contact Lens Fit and Follow-Up:	\$0 Copay, Paid-in-full fit and two follow-up visits	\$40
Premium Contact Lens Fit and Follow-Up:	10% off Retail Price	N/A	Premium Contact Lens Fit and Follow-Up:	\$0 Copay, 10% off retail prices, then apply \$55 allowance	\$40
Frames:			Frames:		
Any available frame at provider location	\$0 Copay; \$130 Allowance, 20% off balance over \$130	\$65	Any available frame at provider location	\$0 Copay; \$160 Allowance, 20% off balance over \$160	\$80
Standard Plastic Lenses			Standard Plastic Lenses		
Single Vision	\$25 Copay	\$5	Single Vision	\$10 Copay	\$13
Bifocal	\$25 Copay	\$15	Bifocal	\$10 Copay	\$23
Trifocal	\$25 Copay	\$33	Trifocal	\$10 Copay	\$40
Lenticular	\$25 Copay	\$33	Lenticular	\$10 Copay	\$40
Standard Progressive Lens	\$90 Copay	\$15	Standard Progressive Lens	\$10 Copay	\$55
Premium Progressive Lens	See attached Fixed Premium Progressive price list	\$15	Premium Progressive Lens	See attached Fixed Premium Progressive price list	\$55
Lens Options:			Lens Options:		
UV Treatment	\$15	N/A	UV Treatment	\$0 Copay	\$8
Tint (Solid and Gradient)	\$15	N/A	Tint (Solid and Gradient)	\$0 Copay	\$8
Standard Plastic Scratch Coating	\$0 Copay	\$8	Standard Plastic Scratch Coating	\$0 Copay	\$8
Standard Polycarbonate - Adults	\$40	N/A	Standard Polycarbonate - Adults	\$0 Copay	\$20
Standard Polycarbonate - Kids under 19	\$0 Copay	\$20	Standard Polycarbonate - Kids under 19	\$0 Copay	\$20
Standard Anti-Reflective Coating	\$45	N/A	Standard Anti-Reflective Coating	\$0 Copay	\$23
Polarized	20% off Retail Price	N/A	Polarized	20% off Retail Price	N/A
Photocromatic / Transitions Plastic	\$75	N/A	Photocromatic / Transitions Plastic	\$75	N/A
Premium Anti-Reflective	See attached Fixed Premium Anti-Reflective Coating list	N/A	Premium Anti-Reflective	See attached Fixed Premium Anti-Reflective Coating list	\$23
Other Add-Ons	20% off Retail Price	N/A	Other Add-Ons	20% off Retail Price	N/A
Contact Lenses (Allowance includes materials only)			Contact Lenses (Allowance includes materials only)		
Conventional	\$0 Copay; \$130 allowance, 15% off balance over \$130	\$104	Conventional	\$0 Copay; \$160 allowance, 15% off balance over \$160	\$128
Disposable	\$0 Copay; \$130 allowance, plus balance over \$130	\$104	Disposable	\$0 Copay; \$160 allowance, plus balance over \$160	\$128
Medically Necessary	\$0 Copay, Paid-in-Full	\$210	Medically Necessary	\$0 Copay, Paid-in-Full	\$210
Laser Vision Correction	15% off Retail Price or 5% off promotional price	N/A	Laser Vision Correction	15% off Retail Price or 5% off promotional price	N/A
Lasik or PRK from U.S. Laser Network			Lasik or PRK from U.S. Laser Network		N/A
Amplifon Hearing Health Care	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	N/A	Amplifon Hearing Health Care	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	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	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
Frequency:			Frequency:		
Examination	Once every 12 months		Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months		Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months		Frame	Once every 12 months	

\* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate.



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<b>Essential Plan</b>		<b>Enhanced Plan</b>	
Progressive Price List*	Member Cost In-Network (Includes Lens Copay)	Progressive Price List*	Member Cost In-Network (Includes Lens Copay)
<b>Standard Progressive</b>	\$90 Copay	<b>Standard Progressive</b>	\$10 Copay
<b>Premium Progressives as Follows:</b>		<b>Premium Progressives as Follows:</b>	
Tier 1	\$110 Copay	Tier 1	\$30 Copay
Tier 2	\$120 Copay	Tier 2	\$40 Copay
Tier 3	\$135 Copay	Tier 3	\$55 Copay
Tier 4	\$90 copay, 80% of charge less \$120 allowance	Tier 4	\$10 copay, 80% of charge less \$120 allowance
Anti-Reflective Coating Price List*	Member Cost In-Network	Anti-Reflective Coating Price List*	Member Cost In-Network
<b>Standard Anti-Reflective Coating</b>	\$45 copay	<b>Standard Anti-Reflective Coating</b>	\$0 copay
<b>Premium Anti-Reflective Coatings as Follows:</b>		<b>Premium Anti-Reflective Coatings as Follows:</b>	
Tier 1	\$57 copay	Tier 1	\$12 copay
Tier 2	\$68 copay	Tier 2	\$23 copay
Tier 3	80% of charge	Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network	Other Add-ons Price List	Member Cost In-Network
<b>Photochromic (Plastic)</b>	\$75	<b>Photochromic (Plastic)</b>	\$75
<b>Polarized</b>	80% of charge	<b>Polarized</b>	80% of charge

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.