

Vision Plan



Administered by EyeMed Vision Care.
 1-866-723-0596 (prior to enrolling) 1-866-723-0513 (after enrolling)
www.enrollwitheyemed.com/access (prior to enrolling)
www.eyemedvisioncare.com (after enrolling)

Rates

Member only \$7.64 ■ Member and spouse \$14.42 ■ Member and child(ren) \$15.18 ■ Member and family \$22.26

Service/Material	Coverage from an EyeMed Doctor	Out of Network Reimbursement	Rural OON Reimbursement**
Exam with dilation as necessary Once every benefit year	\$10 copay	Up to \$45	Up to \$85
Frames: Once every two years	\$125 allowance, 20% off balance over \$125	Up to \$47	Up to \$100
Standard Plastic Lenses: Single Vision Bifocal Trifocal Standard Progressives Once every benefit year in lieu of contacts	\$20 copay \$20 copay \$20 copay \$85 copay	Up to \$45 Up to \$55 Up to \$65 Up to \$55	Up to \$45 Up to \$55 Up to \$65 Up to \$55
Contact Lens Materials Conventional Disposable *Medically Necessary Once every benefit year in lieu of eyeglass lenses	\$125 allowance, 15% off balance over \$125 \$125 allowance Paid in full	Up to \$80 Up to \$80 Up to \$200	Up to \$100 Up to \$100 Up to \$200
Contact Lens Exam Fees: Standard Contact Lens Fit & Follow-up Premium Contact Lens Fit & Follow-up Once every benefit year	\$20 co-pay, paid in full fit and two follow up visits \$20 co-pay, 10% off retail price, then apply \$35 allowance	Up to \$40 Up to \$40	Up to \$40 Up to \$40
Lens Options UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance Standard Polycarbonate Standard A/R	\$15 copay \$15 copay \$15 copay \$40 copay \$45 copay	NA	NA

* Contact lenses that are required to treat medical or abnormal visual conditions, including but not limited to eye surgery (i.e. cataract removal), visual perception in the better eye that cannot be corrected to 20/70 through the use of eyeglasses, and certain corneal or other eye diseases.

**To qualify for the enhanced rural out-of-network benefit, employees must meet the definition of rural employee, meaning any MUS employee and dependents enrolled on the vision plan who reside more than 50 miles from the nearest network provider.

AT-A-GLANCE

Who is Eligible?

Employees, spouses, adult dependents, retirees, and children are eligible if you elect to have this coverage.

Instructions

Review the premiums found above and complete the appropriate sections of the Enrollment Form.

Using Your EyeMed Benefit

Quality vision care is important to your eye wellness and overall health care. Accessing your EyeMed Vision Care benefit is easy. Simply locate a participating provider, schedule an appointment, present your ID card at the time of service, and the provider will take care of the rest.

Locating your Doctor

Check the online provider locator at www.enrollwitheyemed.com/access for a listing of providers near your zip code.

Once enrolled, visit: www.eyemed-visioncare.com to view coverage and eligibility status.

Value Added Discounts

Members will receive a 20% discount on items not covered by the plan at Network Providers. Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network. Members receive a 40% discount off complete pair of eyeglasses purchased and an additional 15% discount off conventional contact lenses once the funded benefit has been used.

Out-Of-Network Providers

Once enrolled, members can access their out-of-network benefit by:

- 1) Downloading an Out-of-Network Claim Form from the EyeMed Vision Care website, www.eyemed-visioncare.com, or by calling the Customer Care Center.
- 2) Make an appointment with an out-of-network provider you trust as your choice for vision care provider.
- 3) Pay for all services at the point of care and receive an itemized receipt from the provider office.
- 4) Complete the out-of-network claim form and submit along with receipts to EyeMed Vision Care's claims department for direct reimbursement.