



Nebo School District

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$20 Co-pay	Up to \$35
Frames	\$0 Co-pay; \$130 allowance; 20% off balance over \$130	Up to \$65
Standard Plastic Lenses		
Single Vision	\$20 Co-pay	Up to \$25
Bifocal	\$20 Co-pay	Up to \$40
Trifocal	\$20 Co-pay	Up to \$55
Standard Progressive Lens	\$85	Up to \$40
Premium Progressive Lens	\$85, 80% of charge less \$120 allowance	Up to \$40
Lens Options (paid by the member and added 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
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 available 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; \$120 allowance; 15% off balance over \$120	Up to \$96
Disposable	\$0 Co-pay; \$120 allowance; plus balance over \$120	Up to \$96
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$200
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are for in-network providers only

Take a sneak peek before enrolling

- You're on the ACCESS Network
- For a complete list of **in-network** providers near you, use our **Enhanced** Provider Locator on www.eyemed.com or call **1-866-723-0596**.
- For Lasik providers, call 1-877-5LASER6.