



Saint Paul Public Schools

SUMMARY OF BENEFITS

Additional discounts

- You're on the INSIGHT Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.866.804.0982.
- For LASIK providers, call 1.877.5LASER6.

Take a sneak peek before enrolling

Vision Care Services

Frames

Standard Plastic Lenses

Single Vision

Bifocal

Trifocal

Lenticular

Standard Progressive Lens

Premium Progressive Lens^A

Tier 1

Tier 2

Tier 3

Tier 4

Lens Options

UV Treatment

Tint (Solid and Gradient)

Standard Plastic Scratch Coating

Standard Polycarbonate—Adults

Standard Polycarbonate—Kids under 19

Standard Anti-Reflective Coating

Premium Anti-Reflective Coating^A

Tier 1

Tier 2

Tier 3

Photochromic/Transitions—Adults

Polarized

Other Add-Ons and Services

In-Network Member Cost

\$0 Co-pay, \$200 Allowance, 20% off balance over \$200

\$10 Co-pay

\$10 Co-pay

\$10 Co-pay

\$10 Co-pay

\$10 Co-pay

\$30 Co-pay - \$55 Co-pay

\$30 Co-pay

\$40 Co-pay

\$55 Co-pay

\$10 Co-pay, 80% of charge less \$120 Allowance

\$15

\$15

\$15

\$0 Co-pay

\$0 Co-pay

\$45

\$57-\$68

\$57

\$68

80% of charge

\$75

20% off retail

20% off retail

Out-of-Network Reimbursement

Up to \$70

Up to \$30

Up to \$45

Up to \$55

Up to \$90

Up to \$45

Up to \$45

Up to \$45

Up to \$45

Up to \$45

N/A

N/A

N/A

Up to \$5

Up to \$5

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Contact Lenses (Contact lens allowance includes materials only)

Conventional

Disposable

Medically Necessary

Laser Vision Correction

LASIK or PRK from U.S. Laser Network

\$0 Co-pay, \$200 Allowance, 15% off balance over \$200

\$0 Co-pay, \$200 Allowance; plus balance over \$200

\$0 Co-pay, paid-in-full

15% off the retail price or 5% off the promotional price

Up to \$70

Up to \$70

Up to \$200

Frequency

Lenses or Contact Lenses

Frame

Once every 12 months

Once every 12 months

Additional Discounts (Additional discounts are not insured benefits)

Complete pair of prescription eyeglasses

Non-prescription sunglasses

Remaining balance beyond plan coverage

40% off

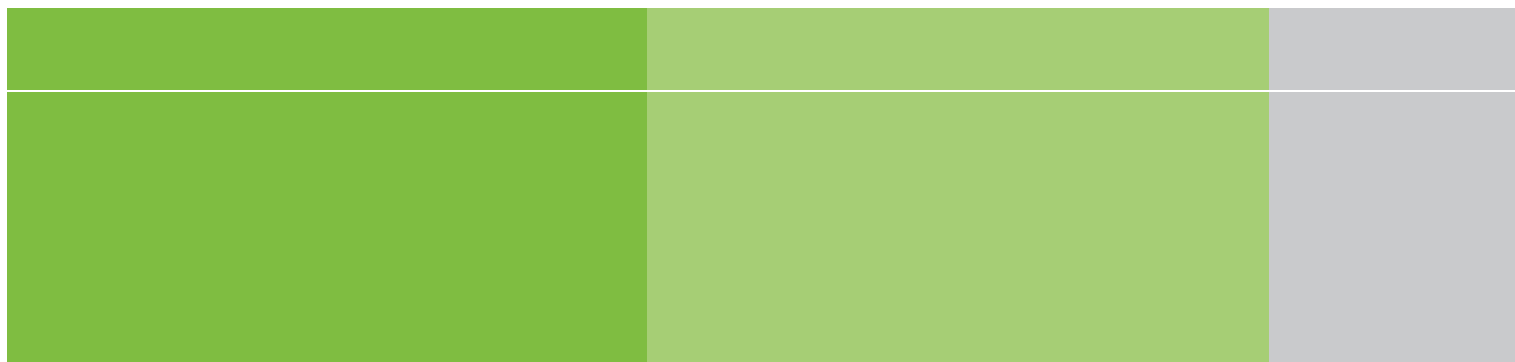
20% off

20% off

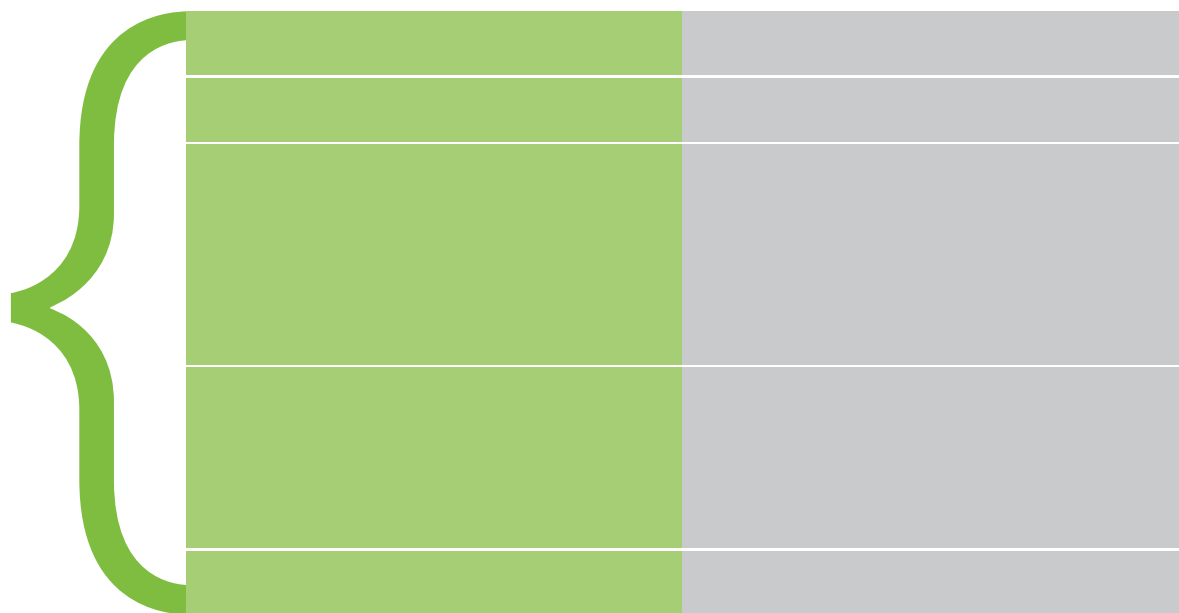
Benefits are not provided from services or materials arising from: Orthopedic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures; Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; 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; Plano (non-prescription) lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; 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. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered - fund as a Bifocal lens. Standard Progressive lens covered - fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Underwritten by Combined Insurance Company of America, 5050 Broadway, Chicago, IL 60640, except in New York. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. ^APremium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.



And now it's time for the breakdown . . .



Download the EyeMed Members App

It's the easy way to view your ID card, see benefit details and find a provider near you.

