



Vision Insurance – Retirees, Surviving Spouses and LTD Recipients

Wayne State University has selected EyeMed as your vision wellness program. This plan allows you to improve your health through a comprehensive eye exam, while saving you money on your eye care purchases. The plan is available through thousands of provider locations participating on the EyeMed SELECT network. To see a list of participating providers near you, go to www.eyemedvisioncare.com and choose the SELECT network from the provider locator dropdown box. You can also call the EyeMed Customer Care Center and request a list of providers at 1-866-299-1358 if you are not currently enrolled in vision benefits. Current EyeMed members can call 1-866-723-0514.

Vision Care Services	Basic Plan	Enhanced Buy-Up Plan	Out-of-Network Reimbursement
	Member Cost	Member Cost	Basic / Enhanced
Exam with dilation as necessary	\$10 Copay	\$10 Copay	Up to \$35
Retinal Imaging Benefits	Up to \$39	Up to \$39	N/A
Contact Lens Fit and Follow-up:			
Standard	Up to \$40	\$0 copay, paid-in-full fit and two-follow up visits	N/A / \$40
Premium	10% off retail	\$0 copay, 10% retail price, then apply \$40 allowance	N/A / \$40
Frames	\$0 Copay, \$115 Allowance; 20% off balance over \$115	\$0 Copay, \$150 Allowance; 20% off balance over \$150	Up to \$45
Standard Plastic Lenses:			
Single Vision	\$10 Copay	\$10 Copay	Up to \$25
Bifocal	\$10 Copay	\$10 Copay	Up to \$40
Trifocal	\$10 Copay	\$10 Copay	Up to \$55
Lenticular	\$10 Copay	\$10 Copay	Up to \$55
Standard Progressive	\$55 Copay	\$10 Copay	Up to \$55
Premium Progressive	\$55 Copay, 80% of charge less \$120 allowance	\$10 Copay, 80% of charge less \$120 allowance	Up to \$55
Lens Options (paid by the member and added to the base price of the lens):			
UV Treatment	\$15 Copay	\$0 Copay	N/A / \$5
Tint (Solid and Gradient)	\$15 Copay	\$0 Copay	N/A / \$5
Standard Plastic Scratch Coating	\$0 Copay	\$0 Copay	Up to \$5
Standard Polycarbonate-Adults	\$35 Copay	\$0 Copay	Up to \$5
Standard Polycarbonate- Kids under 19	\$35 Copay	\$0 Copay	Up to \$5
Standard Anti-Reflective Coating	\$45 Copay	\$0 Copay	N/A / \$5
Polarized	20% off retail price	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	20% off retail price	N/A
Contact Lenses (allowance covers materials only)			
Conventional	\$0 Copay, \$115 Allowance; 15% off balance over \$115	\$0 Copay, \$150 Allowance; 15% off balance over \$150	Up to \$100
Disposables	\$0 Copay, \$115 Allowance; 15% off balance over \$115	\$0 Copay, \$150 Allowance; 15% off balance over \$150	Up to \$100
Medically Necessary	\$0 Copay, Paid in Full	\$0 Copay, Paid in Full	Up to \$200
LASIK and PRK Vision Correction Procedures	15% off retail price or 5% off promotional pricing	15% off retail price or 5% off promotional pricing	N/A
Frequency:			
Exam	Once every 12 months		
Frames	Once every 12 months		
Standard Plastic Lenses or Contact Lenses	Once every 12 months		

For instructions on how to register and access EyeMed information, please visit:

<https://wayne.edu/hr/tcw/health-welfare/vision-plan.php>.

