



Vision Insurance Summary

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.

<i>Vision Care Services</i>	<i>Basic Plan</i>	<i>Enhanced Buy-Up Plan</i>	<i>Out-of-Network Reimbursement</i>
	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 plus balance over \$115	\$0 Copay, \$150 Allowance plus 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 5% off promotional pricing	N/A
Amplifon Hearing Health Care	40% discount off hearing exams and a low price guarantee on discounted hearing aids	40% discount off hearing exams and a low price guarantee on discounted hearing aids	N/A
Additional Pairs Benefit	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:			
Exam	Once every calendar year		
Frames	Once every calendar year		
Standard Plastic Lenses or Contact Lenses	Once every calendar year		