Vision Benefit Summary: InDxLogic, Inc.

EyeMed Insight Network

	In Network	Out of Network*
Exam with Dilation as necessary	$10 copay	$30 reimbursement
Eyeglass Lenses		
Single Vision	$25 copay	$5 reimbursement
Bifocal	$25 copay	$15 reimbursement
Trifocal	$25 copay	$33 reimbursement
Lenticular	$25 copay	$33 reimbursement
Standard Progressive Lenses	$90 copay	$15 reimbursement
Premium Progressive Lenses (price varies by tier)	$110-$135 copay	$15 reimbursement
Frames/Contact Lenses		
Frames	$150 allowance	$75 reimbursement
Conventional	$150 allowance	$120 reimbursement
Disposable	$150 allowance	$120 reimbursement
Medically Necessary	$0 copay, paid in full	$210 reimbursement
Contact Lens Fitting/Follow up**		
Standard	$0 copay	$40 reimbursement
Premium	$0 Copay, 10% off retail prices, then apply $40 allowance	$40 reimbursement
Retinal Imaging Benefit	Up to $39	N/A
Laser Vision Correction***	15% off retail	
Frequency		
Examination	Once every 12 months.	
Lenses or Contact Lenses	Once every 12 months.	
Frames	Once every 12 months.	
Additional Pairs Benefit (In-Network Only)	Members also receive a 40% discount off complete pair of eyeglass purchases and a 15% discount off conventional contact lenses once the provided benefit has been used.	
Included Lens Options		
UV Treatment	$15	N/A
Tint (Solid and Gradient)	$15	N/A
Standard Plastic Scratch Coating	$0	$5
Standard Polycarbonate - Adults	$40	N/A
Standard Polycarbonate - Kids under 19	$0	$20
Standard Anti-Reflective Coating	$45	N/A
Polarized	20% off Retail Price	N/A
Photochromatic/Transitions Plastic	$75	N/A
Premium Anti-Reflective:		
Tier 1	$57	N/A
Tier 2	$68	N/A
Tier 3	80% of charge	N/A
Other Add-Ons	20% off Retail Price	N/A

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Please note:

*__Out of Network is a reimbursement amount__. Member reimbursement for services completed out of network will be the lesser of the listed amount or the member's actual cost from the out of network provider. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate.

**Contact Lens fitting and 2 follow up visits are available once a comprehensive eye exam has been completed.
***When Lasik or PRK from U.S. Laser Network is used.

The above highlights are intended as an overview. In any discrepancy between the highlights and the master contract, the master contract will govern. These highlights do not guarantee benefits or eligibility. All terms, provisions, conditions, limitations and exclusions shown in the booklet-certificate and master policy will apply.