

Take a sneak peek before enrolling

- You're on thé INSIGHT Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on www.eyemed.com or call 1-866-804-0982.
- For Lasik providers, call 1-877-5LASER6.

TOWN OF WEYMOUTH

Settinal Imaging	Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Secondard Plastic Lenses Secondary S			
Standard Plastic Lenses S25 Co-pay Up to \$42	Frames		Up to \$74
Single Vision \$25 Co-pay	Standard Plastic Lenses		
Selfocal		\$25 Co-pay	Up to \$42
Separate			
Standard Progressive Lens \$90			
Standard Polycarbonate			
Tier 1			op 10 4, 0
Tier 2 \$120 Tier 3 \$135 Tier 4 \$90. 80% OF CHARGE LESS \$120 allowance Up to \$78 Lenticular \$25 Co-pay Up to \$130 Lens Options (gold by the member and added to the base price of the lens) JV Treatment \$15 Tier 4 \$150 Lens Options (gold by the member and added to the base price of the lens) JV Treatment \$15 Tier (Solid and Gradient) \$15 Tier (Solid and Gradient) \$15 Standard Polycarbonate \$40 Standard Polycarbonate \$40 Lens Options (gold by the member and added to the base price of the lens) JV Treatment \$15 N/A Tier (Solid and Gradient) \$15 Standard Polycarbonate \$40 Lens Options (gold by the member and added to the base price of the lens) JV Treatment \$15 N/A Tier (Solid and Gradient) \$15 Standard Polycarbonate \$40 Lens Option Polycarbonate			Un to \$78
Tier 3 \$135 Tier 4 \$90, 80% OF CHARGE LESS \$120 allowance Up to \$78 Up to \$130 Lens Options (poid by the member and added to the base price of the lens) If Treatment \$15 Int (Solid and Gradient) \$15 Int (Solid and Gradient) \$15 Int (Solid and Gradient) \$15 Int (Solid and Polycarbonate \$40 Int (Solid and Folycarbonate \$40 Int (Solid and Gradient) \$45 Int (Solid and Gr			
Tier 4			
Lenticular S25 Co-pay Up to \$130 Lens Options (pold by the member and added to the base price of the lens) JV Treatment S15 S15 N/A Sitn (Solid and Gradient) S15 Standard Plastic Scratch Coating S0 Standard Polycarbonate Kids under 19 Standard Polycarbonate Kids under 19 Standard Anti-Reflective Coating S45 Premium Anti-Reflective Coating S57-\$68 N/A Tier 1 S57 Tier 2 S68 Tier 3 80% of charge N/A Photochromic/Transitions S75 Polatorized 20% off retail price N/A Dither Add-Ons and Services 20% off retail price N/A Contact Lenses Conventional S25 Co-pay; \$130 allowance; plus balance over \$130 Up to \$104 Up to \$200 Lenses V/A Lenses V/A Stream S10 Lenses V/A Lenses V/A S25 Co-pay; Paid-in-Full Up to \$200 Lenses V/A			
Lens Options (paid by the member and added to the base price of the lens) JV Treatment S15 N/A JITH (Solid and Gradient) S15 N/A Standard Plastic Scratch Coating S0 Up to \$12 Standard Polycarbonotte \$40 N/A Standard Polycarbonote - Kids under 19 S0 Up to \$26 Standard Polycarbonote - Kids under 19 S0 Up to \$26 Standard Anti-Reflective Coating \$45 Tier 1 S57 N/A Tier 1 S57 N/A Tier 2 S68 N/A Tier 3 80% of charge N/A Photochromic/Transitions \$75 Photochromic/Transitions \$75 Polarized 20% off retail price N/A Contact Lenses Conventional \$25 Co-pay; \$130 allowance; 15% off balance over \$130 Up to \$104 Disposable \$25 Co-pay, \$130 allowance; plus balance over \$130 Up to \$104 Medically Necessary \$0 Co-pay, Paid-in-Full Up to \$200 Laser Vision Correction Lask or PRK from U.S. Laser Network 15% off the retail price or 5% off the promotional price N/A Frequency Lenses or Contact Lenses Once every 12 months			
Substantiance	_enticular	S25 Co-pay	Up to \$130
Tint (Solid and Gradient) Sis Solid and Gradient) Sis Standard Plastic Scratch Coating Standard Polycarbonate S40 N/A Standard Polycarbonate - Kids under 19 S0 Standard Polycarbonate - Kids under 19 S0 Standard Anti-Reflective Coating S45 N/A Premium Anti-Reflective Coating S57-\$68 N/A Tier 1 S57 N/A Tier 2 S68 N/A Tier 3 S0% of charge N/A Photochromic/Transitions S75 N/A Solarized Other Add-Ons and Services Conventional S25 Co-pay; \$130 allowance; 15% off balance over \$130 Up to \$104 Up to \$104 Medically Necessary S0 Co-pay, Paid-in-Full Up to \$200 Caser Vision Correction Casik or PRK from U.S. Laser Network S15% off the retail price or 5% off the promotional price N/A Conce every 12 months			11/4
Standard Plastic Scratch Coating \$0 Up to \$12 Standard Polycarbonate \$40 N/A Standard Polycarbonate \$40 Up to \$26 Standard Polycarbonate - Kids under 19 \$0 Up to \$26 Standard Anti-Reflective Coating \$45 N/A Premium Anti-Reflective Coating \$45 N/A Standard Anti-Reflective Coating \$45 N/A Standard Anti-Reflective Coating \$45 N/A N/A Tier 1 \$57 N/A N/A Tier 2 \$68 N/A N/A Tier 3 Sold Standard Standar			
Standard Polycarbonate \$40			
Standard Polycarbonate - Kids under 19 S0 Up to \$26 Standard Anti-Reflective Coating \$45 N/A N/A Premium Anti-Reflective Coating \$45 N/A N/A Tier 1 \$57 N/A N/A Tier 2 \$68 N/A N/A Tier 3 80% of charge N/A N/A Photochromic/Transitions \$75 N/A Photochr			1, 1
Standard Anti-Reflective Coating \$45 Premium Anti-Reflective Coating \$57-\$68 N/A Tier 1 \$57 N/A Tier 2 \$68 N/A Tier 3 \$80% of charge \$10% Photochromic/Transitions \$75 N/A Photochrom			
Premium Anti-Reflective Coating ^A \$57-\$68 N/A Tier 1 \$57 N/A Tier 2 \$68 N/A Tier 3 80% of charge N/A Photochromic/Transitions \$75 N/A Polarized 20% off retail price N/A Dither Add-Ons and Services 20% off retail price N/A Contact Lenses Conventional \$25 Co-pay; \$130 allowance; 15% off balance over \$130 Up to \$104 Disposable \$25 Co-pay; \$130 allowance; plus balance over \$130 Up to \$104 Medically Necessary \$0 Co-pay, Paid-in-Full Up to \$200 Contact Lenses Conventional \$25 Co-pay; \$130 allowance; plus balance over \$130 Up to \$104 Disposable \$25 Co-pay; \$130 allowance; plus balance over \$130 Up to \$200 Contact Lenses Conventional \$25 Co-pay; \$130 allowance; plus balance over \$130 Up to \$200 Contact Lenses Society So	Standard Polycarbonate - Kids under 19	\$0	Up to \$26
Tier 1 \$57 \$\text{N/A}\$ Tier 2 \$58 \$\text{N/A}\$ Tier 3 \$\text{N/A}\$ Photochromic/Transitions \$75 \$\text{N/A}\$ Polarized \$20% off retail price \$\text{N/A}\$ Other Add-Ons and Services \$20% off retail price \$\text{N/A}\$ Contact Lenses Conventional \$25 Co-pay; \$130 allowance; 15% off balance over \$130 \$\text{Up to \$104}\$ Oisposable \$25 Co-pay; \$130 allowance; plus balance over \$130 \$\text{Up to \$200}\$ Addically Necessary \$0 Co-pay, Paid-in-Full \$0 to \$200\$ Conser Vision Correction Conserved C	Standard Anti-Reflective Coating	\$45	N/A
Tier 2 \$68 N/A Tier 3 80% of charge N/A Photochromic/Transitions \$75 N/A Polarized 20% off retail price N/A Pother Add-Ons and Services 20% off retail price N/A Contact Lenses Conventional \$25 Co-pay; \$130 allowance; 15% off balance over \$130 Up to \$104 Disposable \$25 Co-pay; \$130 allowance; plus balance over \$130 Up to \$104 Medically Necessary \$0 Co-pay, Paid-in-Full Up to \$200 Conser Vision Correction Conserving Vision Correction Conserving Vision Vision Correction Conserving Vision V	Premium Anti-Reflective Coating^	\$57-\$68	N/A
Tier 3 80% of charge N/A Photochromic/Transitions \$75 N/A Polarized 20% off retail price N/A Other Add-Ons and Services 20% off retail price N/A Contact Lenses Conventional \$25 Co-pay; \$130 allowance; 15% off balance over \$130 Up to \$104 Disposable \$25 Co-pay; \$130 allowance; plus balance over \$130 Up to \$104 Medically Necessary \$0 Co-pay, Paid-in-Full Up to \$200 Conser Vision Correction Conserving Type The Promotional Price N/A Conserver Vision Correction Conserver Vision Corre	Tier 1	\$57	N/A
Photochromic/Transitions \$75 N/A N/A Polarized 20% off retail price N/A Polarized	Tier 2	\$68	N/A
Photochromic/Transitions \$75 N/A N/A Polarized 20% off retail price N/A N/A Polarized 20% off retail price N/A N/A Polarized 20% off retail price N/A N/A Polarized N/A Po	Tier 3	80% of charge	N/A
Contact Lenses Conventional \$25 Co-pay; \$130 allowance; 15% off balance over \$130 Up to \$104 Up to \$104 Up to \$200 Up to			N/A
Contact Lenses Conventional \$25 Co-pay; \$130 allowance; 15% off balance over \$130 Up to \$104 Up to \$104 Up to \$104 Up to \$104 Up to \$25 Co-pay; \$130 allowance; plus balance over \$130 Up to \$104 Up to \$104 Up to \$25 Co-pay. Paid-in-Full Up to \$200 Co-pay.			N/A
Contact Lenses Conventional \$25 Co-pay; \$130 allowance; 15% off balance over \$130 Up to \$104 Disposable \$25 Co-pay; \$130 allowance; plus balance over \$130 Up to \$104 Medically Necessary \$0 Co-pay, Paid-in-Full Up to \$200 Caser Vision Correction Casik or PRK from U.S. Laser Network 15% off the retail price or 5% off the promotional price N/A Frequency Lenses or Contact Lenses Once every 12 months			N/A
Conventional \$25 Co-pay; \$130 allowance; 15% off balance over \$130 Up to \$104 Up to \$104 Disposable \$25 Co-pay; \$130 allowance; plus balance over \$130 Up to \$104 Up to \$104 Up to \$104 Up to \$200 Up			
Disposable \$25 Co-pay; \$130 allowance; plus balance over \$130 Up to \$104 Up to \$200 User Pikisin Correction Lasik or PRK from U.S. Laser Network 15% off the retail price or 5% off the promotional price N/A Frequency Lenses or Contact Lenses Once every 12 months	Contact Lenses		
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 Frequency Lenses or Contact Lenses Once every 12 months	Conventional		
Medically Necessary \$0 Co-pay, Paid-in-Full Up to \$200 .aser Vision Correction .asik or PRK from U.S. Laser Network 15% off the retail price or 5% off the promotional price N/A Frequency .enses or Contact Lenses Once every 12 months	Disposable	\$25 Co-pay; \$130 allowance; plus balance over \$130	Up to \$104
Lasik or PRK from U.S. Laser Network 15% off the retail price or 5% off the promotional price N/A Frequency Lenses or Contact Lenses Once every 12 months			Up to \$200
Frequency Lenses or Contact Lenses Once every 12 months	Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Lenses or Contact Lenses Once every 12 months	Frequency		
•		Once every 12 months	
	Frame	Once every 24 months	

Frame, Lens 8 Lens Option discounts apply only when purchasing a complete pair of eyeglasses, If purchased separately, members receive 20% off the retail price.

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. Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) 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; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) 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. 10) 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. Underwritten by Combined Insurance Company of America, 5050 Broadway, Chicago, IL 60640, except in New York. CICA Form # VN P63007 0801. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same