



# City of Columbus - FOP & IAFF



**40% OFF**

additional complete pair of prescription eyeglasses

**20% OFF**

non-covered items, including non-prescription sunglasses

## Find an eye doctor (Insight Network)

- [eyemed.com](http://eyemed.com)
- EyeMed Members App
- For LASIK, call 1.800.988.4221

## Heads up

You may have additional benefits.

Log into [eyemed.com/member](http://eyemed.com/member) to see all plans included with your benefits.

## SUMMARY OF BENEFITS

| VISION CARE SERVICES  | IN-NETWORK MEMBER COST                                    | OUT-OF-NETWORK MEMBER REIMBURSEMENT |
|---|---|-------------------------------------|
| <b>EXAM SERVICES</b>  |   |                                     |
| Exam  | \$0 copay   | Up to \$35                          |
| Retinal Imaging   | Up to \$39  | Not covered                         |
| <b>CONTACT LENS FIT AND FOLLOW-UP</b>   |   |                                     |
| Fit & Follow-up - Standard  | Up to \$40; contact lens fit and two follow-up visits     | Not covered                         |
| Fit & Follow-up - Premium   | 10% off retail price                                      | Not covered                         |
| <b>FRAME</b>  |   |                                     |
| Frame   | \$0 copay; 20% off balance over \$150 allowance           | Up to \$35                          |
| <b>STANDARD PLASTIC LENSES</b>  |   |                                     |
| Single Vision   | \$0 copay   | Up to \$35                          |
| Bifocal   | \$0 copay   | Up to \$50                          |
| Trifocal  | \$0 copay   | Up to \$60                          |
| Lenticular  | \$0 copay   | Up to \$90                          |
| Progressive - Standard  | \$55 copay  | Up to \$50                          |
| Progressive - Premium Tier 1 - 4  | \$85 - 175 copay  | Up to \$50                          |
| <b>LENS OPTIONS</b>   |   |                                     |
| Anti Reflective Coating - Standard  | \$45 copay  | Up to \$5                           |
| Anti Reflective Coating - Premium Tier 1 - 3  | \$57 - 85 copay   | Up to \$5                           |
| Photochromic - Non-Glass  | \$75  | Not covered                         |
| Polycarbonate - Standard  | \$0 copay   | Up to \$5                           |
| Scratch Coating - Standard Plastic  | \$15  | Not covered                         |
| Tint - Solid and Gradient   | \$15  | Not covered                         |
| UV Treatment  | \$15  | Not covered                         |
| All Other Lens Options  | 20% off retail price                                      | Not covered                         |
| <b>CONTACT LENSES</b>   |   |                                     |
| Contacts - Conventional   | \$0 copay; 15% off balance over \$150 allowance           | Up to \$90                          |
| Contacts - Disposable   | \$0 copay; 100% of balance over \$150 allowance           | Up to \$90                          |
| Contacts - Medically Necessary  | \$0 copay; paid-in-full                                   | Up to \$210                         |
| <b>OTHER</b>  |   |                                     |
| Hearing Care from Amplifon Network  | Discounts on hearing exam and aids; call 1.877.203.0675   | Not covered                         |
| Lasik or PRK from U.S. Laser Network  | 15% off retail or 5% off promo price; call 1.800.988.4221 | Not covered                         |
| <b>FREQUENCY</b>  |   |                                     |
|   | <b>ALLOWED FREQUENCY - ADULTS</b>                         | <b>ALLOWED FREQUENCY - KIDS</b>     |
| Exam  | Once every plan year                                      | Once every plan year                |
| Frame   | Once every other plan year                                | Once every other plan year          |
| Lenses  | Once every plan year                                      | Once every plan year                |
| Contacts Lenses   | Once every plan year                                      | Once every plan year                |
| (Plan allows member to receive either contacts and frame, or frame and lens services) |   |                                     |

QL-0000049354

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; 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; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; 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; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. 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 online provider locator to determine which participating providers have agreed to the discounted rate.



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| Fit & Follow-up - Standard  | Up to \$40; contact lens fit and two follow-up visits     | Not covered                         |
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| Single Vision   | \$12.5 copay  | Up to \$35                          |
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# City of Columbus

## EyeMed Vision Care Diabetic Product



### What healthy habits look like

Diabetes and eye wellness are linked by healthy choices. Full of advice from vision experts, [eyesiteonwellness.com](http://eyesiteonwellness.com) is a collection of videos, quizzes, articles, recipes and tools to help you make those choices.

### SUMMARY OF BENEFITS

| DIABETIC CARE SERVICES                                  | IN-NETWORK MEMBER COST | OUT-OF-NETWORK MEMBER REIMBURSEMENT |
|---|------------------------|-------------------------------------|
| For Type 1 or Type 2 Diabetes with Diabetic Retinopathy |                        |                                     |
| Medical Follow Up Eye Examination                       | \$0 copay              | Up to \$77                          |
| Fundus Photography Examination                          | \$0 copay              | Up to \$50                          |
| Extended Ophthalmoscopy (initial and subsequent)        | \$0 copay              | Up to \$15                          |
| Gonioscopy  | \$0 copay              | Up to \$15                          |
| Scanning Laser  | \$0 copay              | Up to \$33                          |

Benefit Frequency: All Diabetic Care Services are covered once every 6 months\*

QL-0000024814

### DEFINITIONS

**Medical Follow-Up Examination** means an office visit for diabetic vision care after the initial Comprehensive Eye Examination.

Some or all of the diagnostic services described below will be provided as deemed appropriate, subject to provider determination and the benefit frequency limitations referenced above. More comprehensive descriptions of these services are available in the Certificate of Insurance.

**Fundus Photography Examination** means photographing portion(s) of or the complete retina surface and structures, with interpretation and report. (\*The Fundus Photography Examination is not covered if an Extended Ophthalmoscopy was provided within the previous six-month period.)

**Extended Ophthalmoscopy** means an examination of the interior of the eye, focusing on the posterior segment of the eye, including the lens, retina, and optic nerve, by direct or indirect ophthalmoscopy, and includes a retinal drawing with interpretation and report. (\*The Extended Ophthalmoscopy is not covered if Fundus Photography Examination was provided within the previous six-month period)

**Gonioscopy** means an eye examination of the front part of the eye (anterior chamber) to check the angle where the iris meets the cornea with a gonioscope or with a contact prism lens.

**Scanning Laser** means a computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report.

### EXCLUSIONS

In addition to the Exclusions in the Policy/Certificate, no benefits are payable for services connected with or charges arising from any Vision Materials; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; medical, pathological and/or surgical treatment of the eye, eyes or supporting structures; any Vision Examination required by a Policyholder as a condition of employment; or services, supplies, prescription medication or treatment for diabetes, except as specifically included.

R-03080



# Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

## Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

## Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,<sup>1</sup> but our long list of special offers takes benefits even further.

## Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

<sup>1</sup>Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.



## Create a member account at [eyemed.com](https://eyemed.com)

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

