

North Atlantic States Carpenters Routine

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$0 copay	Up to \$57
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	\$0 copay	Up to \$25
Fit and Follow-up - Premium	\$0 copay; 10% off retail price less \$40 allowance	Up to \$25
FRAME		
Frame	\$0 copay; 20% off balance over \$100 allowance	Up to \$100
LENSES		
Single Vision	\$0 copay	Up to \$47
Bifocal	\$0 copay	Up to \$79
Trifocal	\$0 copay	Up to \$100
Lenticular	\$0 copay	Up to \$100
Progressive - Standard	\$0 copay	Up to \$73
Progressive - Premium	\$50 - 135 copay	Up to \$77
LENS OPTIONS		
Anti Reflective Coating - Standard	\$35 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1 - 3	\$48 - 60 copay	Up to \$23
Polycarbonate - Standard	\$0 copay	Up to \$22
Scratch Coating - Standard Plastic	\$0 copay	Up to \$10
Tint - Solid and Gradient	\$0 copay	Up to \$10
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$100 allowance	Up to \$100
Contacts - Disposable	\$0 copay; 100% of balance over \$100 allowance	Up to \$100
Contacts - Medically Necessary	\$0 copay	Up to \$300
OTHER		
Hearing Care from Amplifon Network	Up to 64% off hearing 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
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every 2 plan years	Once every plan year
Lenses	Once every 2 plan years	Once every plan year
Frame	Once every 2 plan years	Once every plan year
Contact Lenses	Once every 2 plan years	Once every plan year
(Plan allows the member to receive either contacts or frame and lens services.)		
(Note: This plan can be used for a routine pair of glasses OR contacts OR a pair of safety glasses. Safety glasses should be for the subscriber only. A member with a multi-focal prescription may opt for two complete pairs of single vision glasses. For the second pair of single vision lenses, use group ID 1035131 for Legacy New England members or group ID 1035132 for Legacy New England Pensioners; OR use group ID 1035135 for Legacy Empire members or group ID 1035136 for Legacy Empire Pensioners.)		



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Select Network)

- 866.299.1358
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads Up

You may have

additional benefits.

Log into

eyemed.com/member

to see all plans included

with your benefits.

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. 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; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; 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; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. 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 the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits.

HOW TO: mobilize your vision plan



EYEMED MEMBERS APP

Our member app was the first of its kind. But innovation – like your life – never stops. The EyeMed Members App is packed with ahead-of-the-game resources wherever you are. Before, during and after your eye appointment.

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- 1. DOWNLOAD** – Search “EyeMed Members” in your App store, iTunes or Google Play.
- 2. OPEN** – You can use some features right away; others unlock once you register.
- 3. REGISTER** – You’ll need your member ID or the last four digits of your social security number.
- 4. LOG IN** – If you’ve already registered on eyemed.com, you can log onto the app the same way.

	Ready when you download	Unlocked when you register
Find nearby network providers	●	
On-the-fly appointment scheduling	●	
Turn by turn directions and map	●	
Eye exam and contact lens reminders		●
Electronic ID card for office visits		●
Save vision prescriptions*		●
Benefit plan details		●
Answers to common questions	●	
Special offers and discounts		●
Direct line to EyeMed support	●	

SEE THE GOOD STUFF

Register on eyemed.com or grab the member app (App Store or Google Play) now.

* Take a picture of your prescription and store it in your app. No need to type in the numbers.

