

MyPriority EyeMed Plans



We've partnered with EyeMed to offer affordable vision coverage that includes the nation's largest vision networks.

Vision care services	Member in-network cost (EyeMed Select Network)	Out-of-network reimbursement	Member in-network cost (EyeMed Select Network)	Out-of-network reimbursement
	Product Medium	Product Medium	Product High	Product High
Exam with Dilation as Necessary	\$15 Copay	\$30	\$10 Copay	\$30
Fundus Photography Benefit	Up to \$39	N/A	Up to \$39	N/A
Exam Options:				
Standard Contact Lens Fit and Follow-Up:	Up to \$40	N/A	Up to \$40	N/A
Premium Contact Lens Fit and Follow-Up:	10% off Retail Price	N/A	10% off Retail Price	N/A
Frames: Any available frame at provider location	\$0 Copay; \$150 Allowance, 20% off balance over \$150	\$75	\$0 Copay; \$200 Allowance, 20% off balance over \$200	\$100
Standard Plastic Lenses				
Single Vision	\$25 Copay	\$25	\$20 Copay	\$25
Bifocal	\$25 Copay	\$40	\$20 Copay	\$40
Trifocal	\$25 Copay	\$55	\$20 Copay	\$55
Lenticular	\$25 Copay	\$55	\$20 Copay	\$55
Standard Progressive Lens	\$90 Copay	\$40	\$85 Copay	\$40
Premium Progressive Lens	\$90 Copay, 80% of charge less \$120 allowance	\$40	\$85 Copay, 80% of charge less \$120 allowance	\$40
Lens Options:				
UV Treatment Tint (Solid and Gradient)	\$15	N/A	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A	\$15	N/A
Standard Polycarbonate - Adults	\$0 Copay	\$5	\$0 Copay	\$5
Standard Polycarbonate - Kids under 19	\$0 Copay	\$5	\$0 Copay	\$5
Standard Anti-Reflective Coating	\$0 Copay	\$5	\$0 Copay	\$5
Premium Anti-Reflective Polarized	\$45	N/A	\$45	N/A
Other Add-Ons	80% of charge 20% off Retail Price 20% off Retail Price	N/A N/A N/A	80% of charge 20% off Retail Price 20% off Retail Price	N/A N/A N/A

Vision care services	Member in-network cost (EyeMed Select Network)	Out-of-network reimbursement	Member in-network cost (EyeMed Select Network)	Out-of-network reimbursement
	Product Medium	Product Medium	Product High	Product High
Contact Lenses	(Contact lens allowance includes materials only)			
Conventional	\$0 Copay; \$150 Allowance, 15% off balance over \$150	\$120	\$0 Copay; \$200 Allowance, 15% off balance over \$200	\$160
Disposable	\$0 Copay; \$150 allowance, plus balance over \$150	\$120	\$0 Copay; \$200 allowance, plus balance over \$200	\$160
Medically Necessary	\$0 Copay, Paid-in-Full	\$210	\$0 Copay, Paid-in-Full	\$210
Laser Vision Correction Lasik or PRK from U.S Laser Network	15% off Retail Price or 5% off promotion price	N/A	15% off Retail Price or 5% off promotion price	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used	N/A	Members also receive a 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:				
Examination	Once every 12 months	–	Once every 12 months	–
Lenses or Contact Lenses	Once every 12 months	–	Once every 12 months	–
Frame	Once every 12 months	–	Once every 12 months	–
Plan Cost Per Member Per Month	\$7.93	–	\$11.85	–

All plans are based on a 12-month contract term and 12-month rate guarantee.

Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies.

**Member Reimbursement 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*

Customer Service

Members can contact EyeMed directly with questions on their benefits.

Call EyeMed at 866.276.8399 Monday–Friday, 7:30 a.m.–11 p.m. EST Saturday, 8 a.m.–11 p.m. EST Sunday, 11 a.m.–8 p.m. EST.

To find a participating vision provider or see if your provider is in the EyeMed network, go to priorityhealth.com and use the Find a Doctor tool.