Miami-Dade County Public Schools

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
- 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.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	$10 copay	Up to $40
Retinal Imaging	Up to $39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to $40	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	$0 copay; 20% off balance over $180 allowance	Up to $45
STANDARD PLASTIC LENSES		
Single Vision	$10 copay	Up to $40
Bifocal	$10 copay	Up to $60
Trifocal	$10 copay	Up to $80
Lenticular	$10 copay	Up to $80
Progressive - Standard	$75 copay	Up to $55
Progressive - Premium Tier 1	$105 copay	Up to $55
Progressive - Premium Tier 2	$115 copay	Up to $55
Progressive - Premium Tier 3	$130 copay	Up to $55
Progressive - Premium Tier 4	$200 copay	Up to $55
LENS OPTIONS		
Anti Reflective Coating - Standard	$45	Up to $5
Anti Reflective Coating - Premium Tier 1	$57	Up to $5
Anti Reflective Coating - Premium Tier 2	$68	Up to $5
Anti Reflective Coating - Premium Tier 3	$85	Up to $5
Photochromic - Non-Glass	$75	Not covered
Polycarbonate - Standard	$30	Up to $5
Polycarbonate - Standard < 19 years of age	$0 copay	Up to $20
Scratch Coating - Standard Plastic	$0 copay	Up to $8
Tint - Solid or Gradient	$12	Up to $5
UV Treatment	$12	Up to $5
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	$0 copay; 15% off balance over $150 allowance	Up to $105
Contacts - Disposable	$0 copay; 100% of balance over $150 allowance	Up to $105
Contacts - Medically Necessary	$0 copay; paid in full	Up to $210
OTHER		
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
FREQUENCY		
Exam	Once every 12 months	
Frame	Once every 12 months	
Lenses	Once every 12 months	
Contact Lenses	Once every 12 months	

(Plan allows member to receive either contacts and frame, or frames and lens services)

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,[1] 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.

[1] 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

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).

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION EST. 1961 TARGET OPTICAL

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