



Genesco  
VisionBlue Insight Network

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$10	Up to \$30
Fundus Photography Benefit	Up to \$39	N/A
Exam Options:		
Standard Contact Lens Fit and Follow-Up:	\$40 Copay	N/A
Premium Contact Lens Fit and Follow-Up:	10% Off Retail	N/A
Frames:		
Any available frame at provider location	\$150 Allowance, 20% off Overage	Up to \$75
Standard Plastic Lenses:		
Single Vision	\$25	Up to \$25
Bifocal	\$25	Up to \$40
Trifocal	\$25	Up to \$55
Lenticular	\$25	Up to \$55
Standard Progressive Lens	\$90	Up to \$40
Premium Progressive Lens		
Tier 1	\$110	Up to \$40
Tier 2	\$120	Up to \$40
Tier 3	\$135	Up to \$40
Tier 4	\$90, 20% discount, less \$120	Up to \$40
Lens Options:		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate - Adults	\$40	N/A
Standard Polycarbonate - Kids under 19	\$0	Up to \$5
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating		
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	20% off Retail	N/A
Photochromatic/Transitions	\$75	N/A
All Others	20% off Retail	N/A
Contact Lenses:		
Conventional	\$150 Allowance, 15% off Overage	Up to \$120
Disposable	\$150 Allowance	Up to \$120
Medically Necessary	Covered in Full	Up to \$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off Retail or 5% off Promotional Pricing	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
Frequency:		
Examination	Once Every 12 Months	
Lenses or Contact Lenses	Once Every 12 Months	
Frames	Once Every 12 Months	
Monthly Rates		
Employee Only:	\$6.80	
Employee + Spouse:	\$12.91	
Employee + Children:	\$13.59	
Employee + Family:	\$19.98	

\* Member out-of-network reimbursement will be the lesser of the listed amount or the member's actual cost from the out-of-network provider.

**Additional Discounts:**

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

The initial purchase of contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.contactsdirect.com](http://www.contactsdirect.com).

The contact lens benefit allowance is applicable to this service.

Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.

Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.