



Genesco
VisionBlue *Insight*
Fixed Fee Schedule

Progressive Price List*	Member Cost In-Network (Includes Lens Copay)
Standard Progressive	\$90 copay
Premium Progressives as Follows:	
Tier 1	\$110 Copay
Tier 2	\$120 Copay
Tier 3	\$135 Copay
Tier 4	\$90 Copay, 80% of charge less \$120 allowance
Anti-Reflective Coating Price List*	Member Cost In-Network
Standard Anti-Reflective Coating	\$45 copay
Premium Anti-Reflective Coatings as Follows:	
Tier 1	\$57 copay
Tier 2	\$68 copay
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
Photochromic (Plastic)	\$75
Polarized	80% of charge
EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.	
*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.	