# Yale University - Basic

## SUMMARY OF BENEFITS

<table>
<thead>
<tr>
<th>Vision Care Services</th>
<th>In-Network Member Cost</th>
<th>Out-of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frames</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Plastic Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$15 Co-pay</td>
<td></td>
</tr>
<tr>
<td>Bifocal</td>
<td>$15 Co-pay</td>
<td></td>
</tr>
<tr>
<td>Trifocal</td>
<td>$15 Co-pay</td>
<td></td>
</tr>
<tr>
<td>Standard Progressive Lens</td>
<td>$80 Co-pay</td>
<td></td>
</tr>
<tr>
<td>Premium Progressive Lens</td>
<td>$100 Co-pay - $125 Co-pay</td>
<td></td>
</tr>
<tr>
<td>△ Tier 1</td>
<td>$10 Co-pay</td>
<td></td>
</tr>
<tr>
<td>△ Tier 2</td>
<td>$110 Co-pay</td>
<td></td>
</tr>
<tr>
<td>△ Tier 3</td>
<td>$125 Co-pay</td>
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<tr>
<td>△ Tier 4</td>
<td>up to $75</td>
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</tbody>
</table>

### 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**: $40 N/A
- **Standard Anti-Reflective Coating**: $45 N/A
- **Premium Anti-Reflective Coating**: $57 - $68 N/A
- **Tier 1**: $57 N/A
- **Tier 2**: $68 N/A
- **Tier 3**: 80% of charge N/A
- **Photochromic – Plastic**: $75 N/A
- **Polarized**: 20% off retail N/A
- **Other Add-Ons and Services**: 20% off retail N/A

### Contact Lenses

- **Conventional**: $0 Co-pay, $150 Allowance, 15% off balance over $150 up to $120
- **Disposable**: $0 Co-pay, $150 Allowance, plus balance over $150 up to $120
- **Medically Necessary**: $0 Co-pay, paid-in-full Up to $200

### Laser Vision Correction

- LASIK or PRK from U.S. Laser Network: 15% off the retail price or 5% off the promotional price

### Frequency

- **Lenses or Contact Lenses**: Once every 12 months
- **Frame**: Once every 24 months

### Additional Discounts

- **Complete pair of prescription eyeglasses**: 40% off
- **Non-prescription sunglasses**: 20% off
- **Remaining balance beyond plan coverage**: 20% off

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**Benefits are not provided from services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing, Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures, any vision examination, or any corrective eyewear required by a policy holder as a condition of employment, safety eyewear, 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. Plano (non-prescription) lenses, Non-prescription sunglasses, Two pair of glasses in lieu of bifocals, Services or materials provided by any other group benefit plan providing vision care. 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 will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/ Premium Progressive lens not covered – fund as a Bifocal lens. Standard Progressive lens covered – fund Premium Progressive as a Standard Benefit allowance provides no remaining balance for future use with the same Benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Underwritten by Combined Insurance Company of America; 3520 Broadway, Chicago, IL 60640, except in New York: CICA Form # VN P63007 0801. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed’s Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. Additional discounts are not insured benefits. Any remaining balance for contact lenses may be used within the same Benefit Frequency.**
What’s in it for me?

Options. It’s simple really. We’re dedicated to helping you see clearly—and that’s why we’ve built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.

Download the EyeMed Members App
It’s the easy way to view your ID card, see benefit details and find a provider near you.