

PHOENIX ESD 2019 Group #20257

GOLD VISION PLAN- #9688037 - ACCESS NETWORK

Vision Care Services

Member Cost

Out-of-Network

Exam		
Exam with Dilation as Necessary	\$10 Copay	Up to \$35.00 allowance

Exam Options		
Standard Contact Lens Fit and Follow Up:	Up to \$55	N/A
Premium Contact Lens Fit and Follow Up:	10% off retail	N/A

Frames		
Any frame available at provider location	\$0 Copay; \$120 allowance, 20% off balance over \$120	Up to \$60.00 allowance

Standard Plastic Lenses		
Single Vision	\$10 Copay	\$25.00
Bifocal		\$40.00
Trifocal		\$55.00
Standard Progressive	\$75 member responsibility (includes Bi-focal copay)	Up to \$40 maximum Standard Progressive bi-focal benefit.
Premium Progressive	75 member responsibility (includes Bi-focal copay); Plus 80% of Charges less \$120 Allowance	Up to \$40 maximum Premium Progressive bi-focal benefit.

Lens Options		
UV Coating	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Scratch-Resistance	\$0	\$5
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective	\$45	N/A
Other Add-Ons and Services	20% off retail price	N/A

Contact Lenses (Discount applies to materials only)		
Conventional	\$0 Copay; \$80 allowance, 15% off balance over \$80	Up to \$64.00
Disposable	\$0 Copay; \$80 allowance, plus balance over \$80	Up to \$64.00
Medically Necessary	\$0 Copay, Paid-in-Full	\$200

Laser Vision Correction (1-877-5LASER6)		
Lasik or PRK from U.S. Laser Network	15% off retail price - or - 5% off promotional price	N/A

Frequency	
Examination	Once every 12 months
Frame	Once every 12 months
Lenses or Contact Lenses	Once every 12 months

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ACCESS GOLD VISION PLAN

Access Vision Plan requires a minimum of 2 enrolled employees and no employer contribution
Rates valid 7/01/2019 through 6/30/2020.

Gold Plan (12/12/12)	
Monthly Rates	Bundled with Delta Dental
3-tier	
Employee:	\$5.96
EE+ One:	\$12.05
EE+ Two or more:	\$21.13

The EyeMed Network Consists of:



Network Also Includes:

Private Practice Opticians • Ophthalmologists • Optometrists