

# Vision Benefit Comparison - 2020

## Vision Benefit for GVSU Voluntary EyeMed Vision

(Using EyeMed Vision Provider Network)

	Description	Copay
Vision Exam	Eye exam with dilation as necessary. With Refraction.	\$10
	Contact Lens Fit and Follow-Up (Standard)	Up to \$55
	Contact Lens Fit and Follow-Up (Premium)	10% off retail
	<b>Every 12 Months</b>	

Prescription Glasses		Copay
Frames	\$120 frame allowance, 20% discount on amounts over \$120 <b>Every 12 Months</b>	\$0
Lenses	Single Vision	
	Bifocal	\$10
	Trifocal	
	Standard Progressive Lenses	\$75
	Premium Progressive Lenses - 20% discount on retail cost, \$120 allowance with \$75 copay. <b>Every 12 Months</b>	\$75
Lens Options	<i>In Addition to Cost of Lenses</i>	
	UV Treatment	\$15
	Tint (solid and gradient)	\$15
	Standard Plastic Scratch Coating	\$15
	Standard Polycarbonate	\$40
	Standard Polycarbonate - Kids Under 19	\$40
	Standard Anti-Reflective Coating	\$45
	Polarized	20% off retail price
	Other Add-Ons and Services	20% off retail price
Contacts	<i>Contacts in Place of Glasses</i>	
	Conventional - \$135 Allowance, 15% discount on amounts over \$135	\$0
	Disposable - \$135 Allowance	\$0
	Medically Necessary - Paid In Full <b>Every 12 Months</b>	\$0
Extra Savings and Discounts	15% retail price or 5% off promotional price for LASIK or PRK from U.S. Laser Network	
	40% off additional eyewear purchases	
	20% off non-prescription sunglasses	
	20% off remaining balance beyond plan coverage	
Cost (Annual)	Single	\$90.36
	Dual	\$170.88
	Family	\$250.80

## PriorityVision Benefit for All Medical Plan Enrollees

(Using EyeMed Vision Provider Network)

	Description	Copay
Vision Exam	Eye exam with dilation as necessary. With Refraction.	\$0
	Contact Lens Fit and Follow-Up (Standard)	\$5 off
	Contact Lens Fit and Follow-Up (Premium)	N/A
	<b>Every 24 Months</b>	

Prescription Glasses		Copay
Frames	Any available frame at provider location	40% discount on retail price
Lenses	Single Vision	\$50
	Bifocal	\$70
	Trifocal	\$105
	Standard Progressive Lenses	\$135
	Premium Progressive Lenses	N/A
Lens Options	<i>In Addition to Cost of Lenses</i>	
	UV Treatment	\$15
	Tint (solid and gradient)	\$15
	Standard Plastic Scratch Coating	\$15
	Standard Polycarbonate	\$40
	Standard Polycarbonate - Kids Under 19	\$40
	Standard Anti-Reflective Coating	\$45
	Polarized	20% off retail price
	Other Add-Ons and Services	20% off retail price
Contacts	<i>Contacts in Place of Glasses</i>	
	Conventional	15% off retail price
	Disposable	N/A
	Medically Necessary	N/A
Cost (Annual)	Included with Medical	\$0.00

See Next Two  
Pages for Coverage  
Examples

## Example 1: Exam, Frames and Bi-Focal Lenses

### GVSU Voluntary EyeMed Vision

	Description	Average Usual and Customary	Copay
Vision Exam	Eye exam with dilation as necessary. With Refraction.	\$100.94	\$10
	Every 12 Months		
Prescription Glasses			Copay
Frames	\$120 frame allowance, 20% discount on amounts over \$120	\$165.50	\$36.40
	Every 12 Months		
Lenses	Bifocal	\$122.98	\$10
Lens Options	In Addition to Cost of Lenses		
	UV Treatment	\$21.29	\$15
Member Cost			\$71.40
Cost (Annual)	Single	\$90.36	
	Dual	\$170.88	
	Family	\$250.80	

### PriorityVision Benefit

	Description	Average Usual and Customary	Copay
Vision Exam	Eye exam with dilation as necessary. With Refraction.	\$100.94	\$0
	Every 24 Months		
Prescription Glasses			Copay
Frames	Any available frame at provider location, 40% discount	\$165.50	\$99.30
Lenses	Bifocal	\$122.98	\$70
Lens Options	In Addition to Cost of Lenses		
	UV Treatment	\$21.29	\$15
Member Cost			\$184.30
Cost (Annual)	Single	\$0.00	
	Dual	\$0.00	
	Family	\$0.00	

## Example 2: Exam, Disposable Contacts

### GVSU Voluntary EyeMed Vision

	Description	Average Usual and Customary	Copay
Vision Exam	Eye exam with dilation as necessary. With Refraction.	\$100.94	\$10
	Contact Lens Fit and Follow-Up (Standard)	\$74.01	\$55
	Every 12 Months		
Contacts	Contacts in Place of Glasses		
	Disposable - \$135 Allowance	\$182.49	\$47.49
	Every 12 Months		
Member Cost			\$112.49
Cost (Annual)	Single	\$90.36	
	Dual	\$170.88	
	Family	\$250.80	

### PriorityVision Benefit

	Description	Average Usual and Customary	Copay
Vision Exam	Eye exam with dilation as necessary. With Refraction.	\$100.94	\$0
	Contact Lens Fit and Follow-Up (Standard)	\$74.01	\$69.01
	Every 24 Months		
Contacts	Disposable	\$182.49	182.49
Member Cost			\$251.50
Cost (Annual)	Single	\$0.00	
	Dual	\$0.00	
	Family	\$0.00	

## Example 3: Exam, Frames and Standard Progressive Lenses

### GVSU Voluntary EyeMed Vision

	Description	Average Usual and Customary	Copay
Vision Exam	Eye exam with dilation as necessary. With Refraction.	\$100.94	\$10
	Every 12 Months		
Prescription Glasses			Copay
Frames	\$120 frame allowance, 20% discount on amounts over \$120	\$165.50	\$36.40
	Every 12 Months		
Lenses	Standard Progressive Lenses	\$202.71	\$75
	Every 12 Months		
Lens Options	In Addition to Cost of Lenses		
	UV Treatment	\$21.29	\$15
Member Cost			\$136.40
Cost (Annual)	Single		\$90.36
	Dual		\$170.88
	Family		\$250.80

### PriorityVision Benefit

	Description	Average Usual and Customary	Copay
Vision Exam	Eye exam with dilation as necessary. With Refraction.	\$100.94	\$0
	Every 24 Months		
Prescription Glasses			Copay
Frames	Any available frame at provider location, 40% discount	\$165.50	\$99.30
Lenses	Standard Progressive Lenses	\$202.71	\$135
Lens Options	In Addition to Cost of Lenses		
	UV Treatment	\$21.29	\$15
Member Cost			\$249.30
Cost (Annual)	Single		\$0.00
	Dual		\$0.00
	Family		\$0.00