



U.S. Bank Vision Care - Materials Only Option 2019/2020

Take a sneak peek before enrolling

- You're on the Select Network
- For a complete list of in-network providers near you, use www.eyemedvisioncare.com/usbank or call 1.866.299.1358.
- For LASIK providers, call 1.877.5LASER6.

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Frames	\$0 Co-pay, \$150 allowance; 80% of charge over \$150	Up to \$40
Standard Plastic Lenses		
Single Vision	\$10 Co-pay	Up to \$25
Bifocal	\$10 Co-pay	Up to \$40
Trifocal	\$10 Co-pay	Up to \$55
Standard Progressive Lens	\$75	Up to \$40
Premium Progressive Lens ^A	\$95 - \$120	
Tier 1	\$95	Up to \$40
Tier 2	\$105	Up to \$40
Tier 3	\$120	Up to \$40
Tier 4	\$75, 80% of charge less \$120 Allowance	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	\$0	Up to \$5
Standard Polycarbonate- Kids under 19	\$0	Up to \$5
Standard Anti-Reflective Coating	\$0	Up to \$5
Premium Anti-Reflective Coating ^A	\$12 - \$23	
Tier 1	\$12	Up to \$5
Tier 2	\$23	Up to \$5
Tier 3	80% of charge	Up to \$5
Photochromic/Transitions-Adults	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Co-pay, \$150 Allowance, 85% of charge over \$150	Up to \$70
Disposable	\$0 Co-pay, 100% of balance over \$150 Allowance	Up to \$70
Medically Necessary	\$0 Co-pay, paid-in-full	Up to \$70
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Frequency		
Lenses or Contact Lenses	Once Per Calendar Year	
Frame	Once Per Calendar Year	
Additional Discounts (Additional discounts are not insured benefits)		
Complete pair of prescription eyeglasses	40% off	
Non-prescription sunglasses	20% off	
Remaining balance beyond plan coverage	20% off	

^AFrame, lens and lens option discounts only apply when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off retail price.

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 Policyholder 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, 5050 Broadway, Chicago, IL 60640, except in New York. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

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.

