



# University System of Georgia

More,  
for less...

**40% OFF**

Complete pair of prescription eyeglasses

**20% OFF**

Non-prescription sunglasses

**20% OFF**

Remaining balance beyond plan coverage

These discounts are for in-network providers only

Hello,  
Neighbor

- You're on the INSIGHT Network
- For a complete list of providers near you, use our Provider Locator on [eyemed.com](http://eyemed.com) or call 1-866-804-0982.
- For Lasik providers, call 1-877-5LASER6, or visit [eyemedlasik.com](http://eyemedlasik.com).

## Vision Care Services

## In-Network Member Cost

## Out-of-Network Reimbursement

Exam With Dilation as Necessary

\$10 Copay

Up to \$40

**Contact Lens Fit and Follow-Up** (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)

Standard Contact Lens Fit & Follow-Up

Up to \$55

N/A

Premium Contact Lens Fit & Follow-Up

10% off retail price

N/A

Retinal Imaging

Up to \$39

N/A

Frames

\$0 Copay, \$150 Allowance, 20% off balance over \$150

Up to \$58

**Standard Plastic Lenses**

Single Vision

\$25 Copay

Up to \$40

Bifocal

\$25 Copay

Up to \$55

Trifocal

\$25 Copay

Up to \$75

Lenticular

\$25 Copay

Up to \$90

Standard Progressive Lens

\$80 Copay

Up to \$55

Premium Progressive Lens<sup>A</sup>

\$100 Copay - \$125 Copay

Tier 1

\$100 Copay

Up to \$55

Tier 2

\$110 Copay

Up to \$55

Tier 3

\$125 Copay

Up to \$55

Tier 4

\$80 Copay, 80% of charge less \$120 Allowance

Up to \$55

**Lens Options** (paid by the member in addition to the price of the lenses)

UV Treatment

\$15

N/A

Tint (Solid and Gradient)

\$15

N/A

Standard Plastic Scratch Coating

\$10 Copay

Up to \$4

Standard Polycarbonate—Adults

\$40

N/A

Standard Polycarbonate—Kids under 19

\$0

Up to \$28

Standard Anti-Reflective Coating

\$45

N/A

Premium Anti-Reflective Coating<sup>A</sup>

\$57 - \$68

N/A

Tier 1

\$57

N/A

Tier 2

\$68

N/A

Tier 3

80% of charge

N/A

Photochromic/Transitions Plastic

\$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 Copay, \$150 Allowance, 15% off balance over \$150

Up to \$130

Disposable

\$0 Copay, \$150 Allowance, plus balance over \$150

Up to \$130

Medically Necessary

\$0 Copay, Paid in Full

Up to \$210

**Laser Vision Correction**

LASIK or PRK from U.S. Laser Network

15% off the retail price or 5% off the promotional price

N/A

**Additional Pairs Discount**

Members also receive a 40% discount off complete pair eyeglass purchase and 15% off conventional contact lenses once the funded benefit has been used.

N/A

**Frequency**

Examination

Once every 12 months

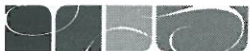
Lenses or Contact Lenses

Once every 12 months

Frame

Once every 12 months

University System of Georgia Benefits



we provide · you decide

<sup>A</sup>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. All providers are not required to carry all brands at all levels.