



# KINGS LOCAL SCHOOL DISTRICT



40 %  
OFF

additional complete  
pair of prescription  
eyeglasses

20 %  
OFF

non-covered items,  
including non-prescription  
sunglasses

Find an eye doctor  
(Insight Network)

- [eyemed.com](#)
- EyeMed Members App
- For LASIK, call 1.800.988.422

## Heads up

You may have  
additional benefits.  
Log into  
[eyemed.com/member](#)  
to see all plans included  
with your benefits.

VISION CARE SERVICES	ESSENTIAL		ENHANCED	
	SUMMARY OF BENEFITS		SUMMARY OF BENEFITS	
	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>				
Exam	\$10 copay	Up to \$35	\$0 copay	Up to \$35
Retinal Imaging	Up to \$39	Not covered	Up to \$39	Not covered
<b>CONTACT LENS FIT AND FOLLOW-UP</b>				
Fit and Follow-up - Standard	Up to \$40	Not covered	\$0 copay; paid in full fit and two follow-up visits	Up to \$40
Fit and Follow-up - Premium	10% off retail price	Not covered	\$0 copay; 10% off retail price, then apply \$40 allowance	Up to \$40
<b>FRAME</b>				
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$45	\$0 copay; 20% off balance over \$170 allowance	Up to \$85
<b>STANDARD PLASTIC LENSES</b>				
Single Vision	\$25 copay	Up to \$25	\$10 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40	\$10 copay	Up to \$40
Trifocal	\$25 copay	Up to \$60	\$10 copay	Up to \$60
Lenticular	\$25 copay	Up to \$60	\$10 copay	Up to \$60
Progressive - Standard	\$75 copay	Up to \$40	\$10 copay	Up to \$40
Progressive - Premium Tier 1	\$95 copay	Up to \$40	\$30 copay	Up to \$40
Progressive - Premium Tier 2	\$105 copay	Up to \$40	\$40 copay	Up to \$40
Progressive - Premium Tier 3	\$120 copay	Up to \$40	\$55 copay	Up to \$40
Progressive - Premium Tier 4	\$75 copay; 20% off retail price less \$120 allowance	Up to \$40	\$10 copay; 20% off retail price less \$120 allowance	Up to \$40
<b>LENS OPTIONS</b>				
Anti Reflective Coating - Standard	\$45	Not covered	\$0 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1	\$57	Not covered	\$12	Up to \$23
Anti Reflective Coating - Premium Tier 2	\$68	Not covered	\$23	Up to \$23
Anti Reflective Coating - Premium Tier 3	20% off retail price	Not covered	20% off retail price	Up to \$23
Photochromic - Non-Glass	\$75	Not covered	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered	\$0 copay	Up to \$20
Polycarbonate - Standard < 19 years of age	\$0 copay	Up to \$20	\$0 copay	Up to \$20
Scratch Coating - Standard Plastic	\$15	Not covered	\$0 copay	Up to \$8
Tint - Solid or Gradient	\$15	Not covered	\$0 copay	Up to \$8
UV Treatment	\$15	Not covered	\$0 copay	Up to \$8
All Other Lens Options	20% off retail price	Not covered	20% off retail price	Not covered
<b>CONTACT LENSES</b>				
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$130	\$0 copay; 15% off balance over \$170 allowance	Up to \$136
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$130	\$0 copay; 100% of balance over \$170 allowance	Up to \$136
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$250	\$0 copay; paid in full	Up to \$250
<b>OTHER</b>				
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
<b>FREQUENCY</b>				
Exam	Once every calendar year		Once every calendar year	
Frame	Once every other calendar year		Once every calendar year	
Lenses	Once every calendar year		Once every calendar year	
Contact Lenses	Once every calendar year		Once every calendar year	
(Plan allows member to receive either contacts and frame, or frames and lens services)				



## Create a member account at [eyemed.com](#)

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor — search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).



LENSCRAFTERS



EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; 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; orthotic or vision training; subnormal vision aids and any associated supplemental testing; Anisometropic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; 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; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.