# Tarrant County Hospital District - High Plan

Insight network

**40% OFF**

additional complete pair of prescription eyeglasses

**20% OFF**

non-covered items, including non-prescription sunglasses

## Frequency

Exam
once every plan year

Frame
**twice** every plan year

Lens
**twice** every plan year

Contact Lens
**twice** every plan year

*(Plan allows member to receive either contacts and frame, or frames and lens services)*

## SCHEDULE OF BENEFITS

| VISION CARE SERVICES | IN-NETWORK MEMBER COST | OUT-OF-NETWORK MEMBER REIMBURSEMENT |
|---|---|---|
| **EXAM SERVICES** | | |
| Exam | $10 copay | Up to $40 |
| Retinal Imaging | Up to $39 | Not covered |
| **CONTACT LENS FIT AND FOLLOW-UP** | | |
| Fit and Follow-up - Standard | Up to $40; contact lens fit and two follow-up visits | Not covered |
| Fit and Follow-up - Premium | 10% off retail price | Not covered |
| **FRAME** | | |
| Frame | $0 copay; 20% off balance over $150 allowance | Up to $75 |
| **STANDARD PLASTIC LENSES** | | |
| Single Vision | $25 copay | Up to $30 |
| Bifocal | $25 copay | Up to $50 |
| Trifocal/Lenticular | $25 copay | Up to $70 |
| Progressive - Standard | $25 copay | Up to $50 |
| Progressive - Premium Tier 1 - 4 | $110 - 240 | Up to $50 |
| **LENS OPTIONS** | | |
| Anti Reflective Coating - Standard | $45 copay | Up to $23 |
| Anti Reflective Coating - Premium Tier 1 - 3 | $57 - 100 | Up to $23 |
| Photochromic - Non-Glass | $75 | Not covered |
| Polycarbonate - Standard | $40 | Not covered |
| Polycarbonate - Std < 19 years of age | $0 copay | Up to $20 |
| Scratch Coating | $15 | Not covered |
| Tint | $15 | Not covered |
| UV Treatment | $15 | Not covered |
| All Other Lens Options | 20% off retail price | Not covered |
| **CONTACT LENSES** | | |
| Contacts - Conventional | $0 copay; 15% off balance over $150 allowance | Up to $75 |
| Contacts - Disposable | $0 copay; 100% of balance over $150 allowance | Up to $75 |
| Contacts - Medically Necessary | $0 copay; paid-in-full | Up to $300 |
| **OTHER** | | |
| Hearing Care from Amplifon Network | Discounts on 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 |

*Log into eyemed.com/member to see all plans included with your benefits. 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; Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic 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. 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, except in New York. Fidelity Security Life Policy number VC-146, form number M-9184. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.*

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