



Flushing Community Schools

Eyemed \$0, 12-12-12; \$100/\$150

Proposed Benefits

Exam and Materials

Insight Network

Employer Paid or Bundled with Medical

Frequency

Examination

Once every plan year

Lenses (in lieu of contact lenses)

Once every plan year

Contacts (in lieu of lenses)

Once every plan year

Frame

Once every plan year

Vision Care Services	Member Cost In-Network	Out of Network Member Reimbursement up to:
Exam <i>With Dilation as Necessary</i>	\$0 Copay	\$40
Frames <i>Any available frame at provider location</i>	\$0 Copay; \$100 allowance, 20% off balance over \$100	\$70
Contact Lenses <i>(Contact Lens allowance includes materials only)</i>		
Conventional	\$0 Copay, \$150 allowance, 15% off balance over \$ 150	\$150
Disposable	\$0 Copay, \$150 allowance, plus balance over \$150	\$150
Medically Necessary	\$0 Copay, Paid-In-Full	\$210
Standard Plastic Lenses		
Single Vision	\$0 Copay	\$30
Bifocal	\$0 Copay	\$50
Trifocal	\$0 Copay	\$70
Lenticular	\$0 Copay	\$70
Standard Progressive	\$65 Copay	\$50
Premium Progressive Tier 1	\$85 Copay	\$50
Premium Progressive Tier 2	\$95 Copay	\$50
Premium Progressive Tier 3	\$110 Copay	\$50
Premium Progressive Tier 4	\$65 Copay, 20% off charge less \$120 Allowance	\$50

