



## Excelsior Springs School District

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 SELECT Network
- For a complete list of providers near you, use our Provider Locator on [www.eyemed.com](http://www.eyemed.com) and choose the SELECT network or call 1-866-299-1358.
- 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
<b>Exam With Dilation as Necessary</b>	\$10 Copay	Up to \$30
<b>Contact Lens Fit and Follow-Up</b> (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
<b>Frames</b>	\$0 Copay; \$130 allowance; 80% of charge over \$130	Up to \$65
<b>Standard Plastic Lenses</b>		
Single Vision	\$25 Copay	Up to \$25
Bifocal	\$25 Copay	Up to \$40
Trifocal	\$25 Copay	Up to \$60
Standard Progressive Lens	\$90	Up to \$40
Premium Progressive Lens	\$90, 80% of charge less \$120 Allowance	Up to \$40
<b>Lens Options</b> (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
<b>Contact Lenses</b>		
Conventional	\$0 Copay; \$130 allowance; 15% off retail price over \$130	Up to \$104
Disposable	\$0 Copay; \$130 allowance; plus balance over \$130	Up to \$104
Medically Necessary	\$0 Copay, Paid in Full	Up to \$200
<b>Laser Vision Correction</b>		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	