How Our Vision Plan Works

What the Vision Plan Covers
The Plan helps you pay for eye care such as your annual eye exam, frames, lenses, and contact lenses.

When You Need Vision Care

1. Find and Use a Vision Care Provider in the EyeMed Network

• Search EyeMed’s online directory. (Choose the Insight Network.)

OR

• Search for providers on EyeMed Members App, which you can download from the App Store or Google Play.

2. Provide Your Info at the Provider’s Office — No ID Card Needed!

You don’t need a vision ID card.

When you visit your EyeMed provider, simply provide your name and date of birth.

If you want an ID card anyway, print one by logging into eyemed.com (after you set up your EyeMed online account) or access it via the EyeMed Members App.

3. Pay Your Provider

If you use an in-network provider, you’ll pay for anything you owe, after EyeMed discounts are applied, at the time of your visit. Regardless of the in-network eye doctor you choose, the Plan pays the same amount based on the Summary of Benefits.

You typically save the most money when you use a vision care provider in the EyeMed network. Network providers contract with EyeMed and agree to charge based on contracted rates with EyeMed.

You typically pay more when you receive care from a provider outside the EyeMed network because you are reimbursed less for an out-of-network provider and not all services are eligible for reimbursement. See the Summary of Benefits for out-of-network reimbursement rates.

Still not convinced that it pays to use vision care providers in the EyeMed network? See the next page for plan details.
### 2021-22 Caltech Student Vision

| Contacting EyeMed Vision | eyemed.com  
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<th>Policy Year</th>
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<th>When You Use EyeMed Providers (In-Network)</th>
<th>When You Use Other Providers (Out-of-Network)</th>
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| **Eye exam**, with dilation as necessary  
(covered once per policy year)    | You pay a $10 copay                      | Plan pays up to $49; you pay the rest |
| **Frames**    
(covered once per policy year)    | You pay a $40 copay; the plan provides up to a $100 allowance, and you pay the balance over $100 (with a 20% discount) | Plan pays up to $50; you pay the rest |
| **Single Vision Eyeglass Lenses**  
(covered once per policy year)    | You pay a $25 copay                      | Plan pays up to $25; you pay the rest |
| **Additional Eyeglass Lens Options** | See the Summary of Benefits for your costs for lens option such as tinting, scratch resistant coating, polycarbonate, UV coating, anti-reflective coating | N/A |
| **Contacts Lenses**  
(covered once every policy year  
in lieu of eyeglass lenses)    | You pay a $0 copay; the plan provides up to a $115 allowance, and you pay the balance over $115 (with a 15% discount) | Plan pays up to $92; you pay the rest |
| **Medically Necessary Contact Lenses** | You pay a $0 copay; plan pays in full | Plan pays up to $210 |

*This material is for information only. The vision plan contains exclusions and limitations. For details, see the Summary of Benefits.*