

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 the 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. Be sure your provider references our correct group number: 1006296.

If you want an ID card, view or 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. 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.](#)

2024 – 25 Caltech Student Vision

Contacting EyeMed Vision	eyemed.com (866) 800-5457	
Policy Year	September 1 – August 31	
	When You Use EyeMed Providers (In-Network)	When You Use Other Providers (Out-of-Network)
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)	The plan provides up to a \$100 allowance, and you pay the balance over \$100 (with a 20% discount)	Plan pays up to \$70; 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 \$300
Additional Discounts	40% off additional pairs 20% off non-covered items 20% off non-prescription sunglasses	N/A

This material is for information only. The vision plan contains exclusions and limitations. For details, see the [Summary of Benefits](#).