



Health Plans

Take a sneak peek before enrolling

- You're on the INSIGHT Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on www.eyemedvisioncare.com/iuhealth or call 1.844.230.6500.
- For LASIK providers, call 1.877.5LASER6.

IU Health Plan – Employee Exam

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$35 Co-pay	Up to \$30
<small>Complete Pair Eyeglasses Purchase Discounts*: Frame, lenses and lens options must be purchased in the same transaction to receive full discount</small>		
Frames*	35% off retail price	N/A
Standard Plastic Lenses		
Single Vision	\$50	N/A
Bifocal	\$70	N/A
Trifocal	\$105	N/A
Lenticular	\$105	N/A
Standard Progressive Lens	\$135	N/A
Lens Options		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate—Adults	\$40	N/A
Standard Polycarbonate—Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail	N/A
Other Add-Ons and Services	20% off retail	N/A
Contact Lenses (Contact lens allowance includes materials only.)		
Conventional	15% off retail	N/A
Disposable	0% off retail	N/A
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Unlimited	
Frame	Unlimited	