Cajon Valley Union School District

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40% of prescription eyeglasses

20%FF non-covered items,

including nonprescription sunglasses

Find an eye doctor

(Access Network)

- 866.723.0596
- eyemed.com
- EyeMed Members App
- For LASIK, call
 1.800.988.4221

Heads Up You may have additional benefits. Log into eyemed.com/member to see all plans included with your benefits.

VISION CARE SERVICES IN-NETWORK MEMBER COST OUT-OF-THUORK MEMBER REIMBURSEMENT EXAM SERVICES Exam SI0 copay Up to \$49 Retinal Imaging Up to \$39 Nat covered CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up - Standard Up to \$55; contact lens fit and two follow-up visit Nat covered Fit and Follow-up - Premium 10% off retail price Not covered FRAME Up to \$75 Frame S0 copay; 20% off balance over \$150 allowance Up to \$75 Single Vision \$25 copay Up to \$74 Bifocal \$25 copay Up to \$74 Lenticular 20% off retail Price Not covered Progressive - Standard \$90 copay; 30% off retail price Up to \$49 Progressive - Standard \$90 copay; 30% off retail price Up to \$49 Progressive - Standard \$90 copay; 30% off retail price Not covered Anti Reflective Coating - Standard \$45 Not covered Anti Reflective Coating - Premium 20% off retail price Not covered Polycorbonate - Standard \$45 Not covered UV Treatment \$15 Not covered Anti Reflective Coating - Premium 20% off retail price Not covered Other Lens Options 20% off retail price N	SUMMARY OF BENEFITS			
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(Plan allows member to receive either contacts and frame, or frames and lens services)

EveMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses; frames, glasses, or crotact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person are within all days classes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Fees charged by a Provider for services other than a covered under the Policy. Allowances provide no remaining balance for future use withi

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There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

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Members already save an average 71% off retail using their EyeMed benefits,¹ but our long list of special offers takes benefits even further.

Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

¹Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.





Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).



LENSCRAFTERS



