MEDICAL MUTUAL®

EyeMed

Baldwin Wallace University

Vision Care Services	In-Network Member Cost	Out-of Network Reimbursement
Exam with Dilation as necessary	$20 Copay	Up to $45
Contact Lens Fit & Follow-up		
Standard contact lens fit & follow-up	Up to $40	N/A
Premium contact lens fit & follow-up	10% off retail price	N/A
Frames	$0 Copay, $130 allowance; 20% off balance over $130	Up to $55
Standard Plastic Lenses		
Single vision	$20 Copay	Up to $30
Bifocal	$20 Copay	Up to $50
Trifocal	$20 Copay	Up to $65
Lenticular	$20 Copay	Up to $100
Standard Progressive Lens	$65 Copay	Up to $50
Premium Progressive Lens[1]	$105 Copay, $115 Copay, $130 Copay, or $65 Copay, 20% off charge less $120 Allowance (based upon tier)	Up to $50
Lens Options		
UV Treatment	$0 Copay	$8
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	$0 Copay	$20
Standard anti-reflective coating	$45	N/A
Premium anti-reflective coating	$57 Copay, $68 Copay or 20% off retail (based upon tier)	N/A N/A
Polarized	20% off retail price	N/A
Other add-ons and services	20% off retail price	
Contact Lenses (contact lens allowance includes materials only. Any remaining balance for contact lenses may be used within the same benefit frequency)		
Conventional	$0 Copay, $130 allowance; 15% off balance over $130	Up to $104
Disposable	$0 Copay, $130 allowance, plus balance over $130	Up to $104
Medically necessary	$0 Copay, paid in full	$210 allowance
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Frequency		
Examination	Once per calendar year	
Lenses or contact lenses	Once per calendar year	
Frames	Once per 2 calendar years	
Laser Vision Correction	Once per lifetime	

ADDITIONAL DISCOUNTS:

- 40% off complete pair of prescription eyeglasses*
- 20% off non-prescription sunglasses*
- 20% off remaining balance beyond plan coverage*

You're on the INSIGHT network. For a complete list of providers near you, use our Provider Locator on EyeMed.com or call 1.877.226.1115. For LASIK providers, call 1.800.988.4221.

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL

These discounts are for in-network providers only
For the period 1/1/2024-12/31/2024.

[1]Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. All providers are not required to carry all brands at all levels.

No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes 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; Aniseikonia 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 contact 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 to the Provider. Such fees, taxes 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. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. See the Provider Locator to find participating providers who offer the discounted rate.