

MILA Vision Plan

Benefits Summary

Shown below is the MILA Vision Plan Benefits Summary for eligible active Members, and for those Pensioners age 58 and over who are eligible for benefits in the Premier, Basic, Core or Medicare Wrap-Around plans, Medicare Advantage Plans, and who have not waived participation in the MILA Vision Plan, as explained in Section IV, Participation. This chart allows you to see at a glance the key plan features. The copay amounts are what you will pay when you seek treatment from a Participating Network Vision Care Professional. MILA pays the balance of covered charges under the Plan. If you seek treatment from a vision care professional who does not participate in the EyeMed Vision Care Network that is contracted for the MILA Vision Plan, you will also be responsible for any additional charges made by that vision care professional beyond the negotiated rates that MILA has contracted to pay.

Vision Service	Member Cost	Out-Of-Network Allowance
Exam w/ Dilation	\$10 copay	\$30
Contact Lens Fit & Follow-up		
Standard Contact Lens	\$0 copay	\$40
Premium Contact Lens	90% retail cost less \$40	\$40
Frames		
Any available frame at provider location	\$15 copay, \$130 allowance, then 20% discount	\$40
Standard Plastic Lenses		
Single Vision	\$10 copay	\$25
Bifocal		\$45
Trifocal		\$80
Lenticular		\$80
Standard Progressive Lens		\$110
Premium Progressive Lens		See Price List
Lens Options		
UV Treatment	\$15	\$0
Tint (solid & gradient)		\$15
Standard Plastic Scratch Coating		\$15
Standard Polycarbonate—Adults	\$0	\$40
Standard Polycarbonate—Child <19		\$40
Standard Anti-Reflective Coating	\$45	\$0
Polarized	20% off retail	
Photocromatic/Transitions Plastic	\$75	
Premium Anti-Reflective Coating	See Price List	
Other Add-ons	20% off retail	
Contact Lenses (materials only)		
Conventional	\$10 copay, \$100 allowance, then 15% discount	\$75
Disposable	\$10 copay, \$100 allowance, then balance	\$90
Medically Necessary (see note on next page)	\$0 copay, \$500 allowance, then balance	\$475
Laser Vision Correction		
Lasik or PRK from US Laser Network	15% off retail or 5% off promotional	\$0
Additional Pairs Benefit after Plan benefit has been used	Members receive 40% discount off complete pair of eyeglasses and 15% discount off conventional contacts	
Frequency Limits		
Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 24 months	

Note: Contact lenses will be considered “medically necessary” under the Plan only when one of the following conditions exists: (1) Anisometropia of 3D in meridian powers; (2) High Ametropia exceeding -10D or +10D in meridian powers; (3) Keratoconus when your vision cannot be corrected to 20/25 in either or both eyes using standard spectacle lenses; and (4) Vision improvement other than Keratoconus if your vision can be corrected two lines of improvement on the visual acuity chart when compared with best corrected standard spectacle lenses. The Vision Plan benefit may not be expanded for other eye conditions, even if you or your provider deems contact lenses necessary for other eye conditions or for visual improvement. However, this limitation in the Vision portion of the Plan coverage does not preclude consideration of your condition under the Medical portion of the Plan.

Price List	
Member Cost for Premium Progressive Lenses	
Tier I	\$30 copay
Tier II	\$40 copay
Tier III	\$55 copay
Tier IV	\$10 copay plus 80% of charge less \$120
Member Cost for Premium Anti-Reflective Coating	
Tier I	\$57 copay
Tier II	\$68 copay
Tier III	\$68 copay
Tier IV	80% of charge

You can review the list of Premium Progressive lens brands and premium Anti-Reflective Coating brands to determine the Tier of coverage at www.eyemed.com or call Customer Service at 1-866-939-3633.

Other Vision Plan Benefits

In addition to the specific benefits listed in the Vision Plan Benefits Summary and the Price List above, the following benefits are available:

- 20% discount on items not covered by the Plan, as listed above, when provided by In-Network providers. This discount may not be combined with any other discounts or promotional offers. The discount does not apply to the EyeMed Provider’s professional services or to contact lenses.
- 15% off the retail or 5% off the promotional price for Lasik or PRK from the US Laser Network, which is owned and operated by LCA Vision.
- You can now apply your in-network contact lens benefit at contactsdirect.com. Simply complete the online transaction form and the contacts will be delivered directly to your home.
- The benefit allowances specified are applied “per use” and any excess will not be carried forward for subsequent purchases during the same benefit period.
- Certain brand name vision materials cannot be discounted because of “no discount” agreements made with the manufacturers.
- Discounts may not be available at all participating providers. Please see EyeMed’s online provider locator to determine which participating providers have agreed to the discounted rates.
- Pursuant to Maryland and Texas law, discounts on non-covered services may not be available at all participating providers in these states. Prior to your appointment, please confirm with your provider whether such discounts will be offered.