MVP Vision Plan 3 Powered by EyeMed®

Every doctor in our vision network is carefully selected to ensure you have the flexibility to choose from the right mix of independent, nation retail, and regional retail providers, including LensCrafters®, Target Optical℠, and Pearle Vision℠. Plus, we offer online, in-network options through LensCrafters.com, Ray-Ban.com, Glasses.com, and contactsdirect.com. Visit **eyedoclocator.eyemedvisioncare.com/mvp** to get started.

	Par Provider Member Responsibility	**Non-Par Provider** Reimbursement to Member
Routine Eye Exam One routine eye exam every 12 months.	$10 co-payment	up to $25
Frames Available frames at provider location. Once every 24 months.	20% off after $130 allowance	up to $65
Prescription Lenses single pair Once every 12 months.		
Single vision	$25 co-payment	up to $7
Bifocal	$25 co-payment	up to $21
Trifocal	$25 co-payment	up to $46
Lenticular	$25 co-payment	up to $46
Standard progressive	$90 co-payment	up to $21
Premium progressive	**Tier 1** $110 co-payment **Tier 2** $120 co-payment **Tier 3** $135 co-payment **Tier 4** $90 co-payment, then 20% off after $120 allowance	up to $21
Lens Options per pair		
Standard polycarbonate, adults / to age 19	$40 co-payment / $0 co-payment	not covered / up to $28
Standard plastic scratch coating	$0 co-payment	up to $11
UV coating	$15 co-payment	not covered
Solid or gradiant tint	$15 co-payment	not covered
Standard anti-reflective coating	$45 co-payment	not covered
Other add-ons and services	20% off	not covered
Contact Lenses Once every 12 months.		
Conventional	15% off after $130 allowance	up to $104
Disposable	$130 allowance	up to $104

This chart is intended to provide a general outline of MVP vision plans, powered by EyeMed coverage. In the event of any conflict between this document and your Vison Contract and Schedule of Benefits, your Vision Contract and Schedule of Benefits will be controlling.

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No benefits will be paid for services or materials connected with or charges arising from: orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; medical and/or surgical treatment of the eye, eyes or supporting structures; 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; any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; plano (non prescription) lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; services or materials provided by any other group benefit plan providing vision care; 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 will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses. 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. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.



Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.