



Vision Plan Options



Insured by EyeMed

Your eyes can provide a window to your overall health. Through routine exams your provider may be able to detect general health problems in their early stages along with determining if you need corrective lenses. The University of Denver knows your vision care is personal and so is your relationship with your eye doctor. That's why The University of Denver has partnered with EyeMed to provide you with access to affordable care and quality eyewear at an extensive number of retail and independent providers.

Summary of Covered Benefits	Base Plan		Enhanced Plan	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Eye Exam	Under age 19: Twice every plan year; Age 19+: Once every plan year			
	\$10 copay	Up to \$45	Plan pays 100%	Up to \$45
LENSES	Under age 19: Twice every plan year; Age 19+: Once every plan year			
Single Vision Bifocal Trifocal	\$25 copay	Up to \$35 Up to \$50 Up to \$65	\$10 copay	Up to \$35 Up to \$50 Up to \$65
FRAMES	Once every two plan years		Once every plan year	
Frames*	Up to \$130 allowance; then 20% off balance	Up to \$90	Up to \$150 allowance; then 20% off balance	Up to \$104
CONTACT LENSES	Once every plan year			
Elective	Up to \$130 allowance; then 15% off balance	Up to \$104	Up to \$150 allowance; then 15% off balance	Up to \$120
Medically Necessary	Covered in full	Up to \$210	Covered in full	Up to \$210
Laser Correction	15% off retail price or 5% off promotional price	N/A	15% off retail price or 5% off promotional price	N/A
ADDITIONAL DISCOUNTS				
Additional in-network discounts	40% off complete pair of prescription eyeglasses, 20% off non-prescription sunglasses, 20% off remaining balance beyond plan coverage			

*Freedom Pass Special Offer. As an extra benefit, Target Optical locations offer a \$0 out-of-pocket option allowing you to select any available frame, any brand – no matter the original retail price point.

Members are required to complete a frames purchase, which is covered based on the benefits (outlined in the vision benefits above). However, members are still responsible for lenses. This may include an additional copay. Discounts are not insured benefits. Proof of offer is required at time of purchase. **Use code 755288.**

To view a full list of providers, visit www.eyemed.com