

# CARES - ENHANCED

(Insight Network)

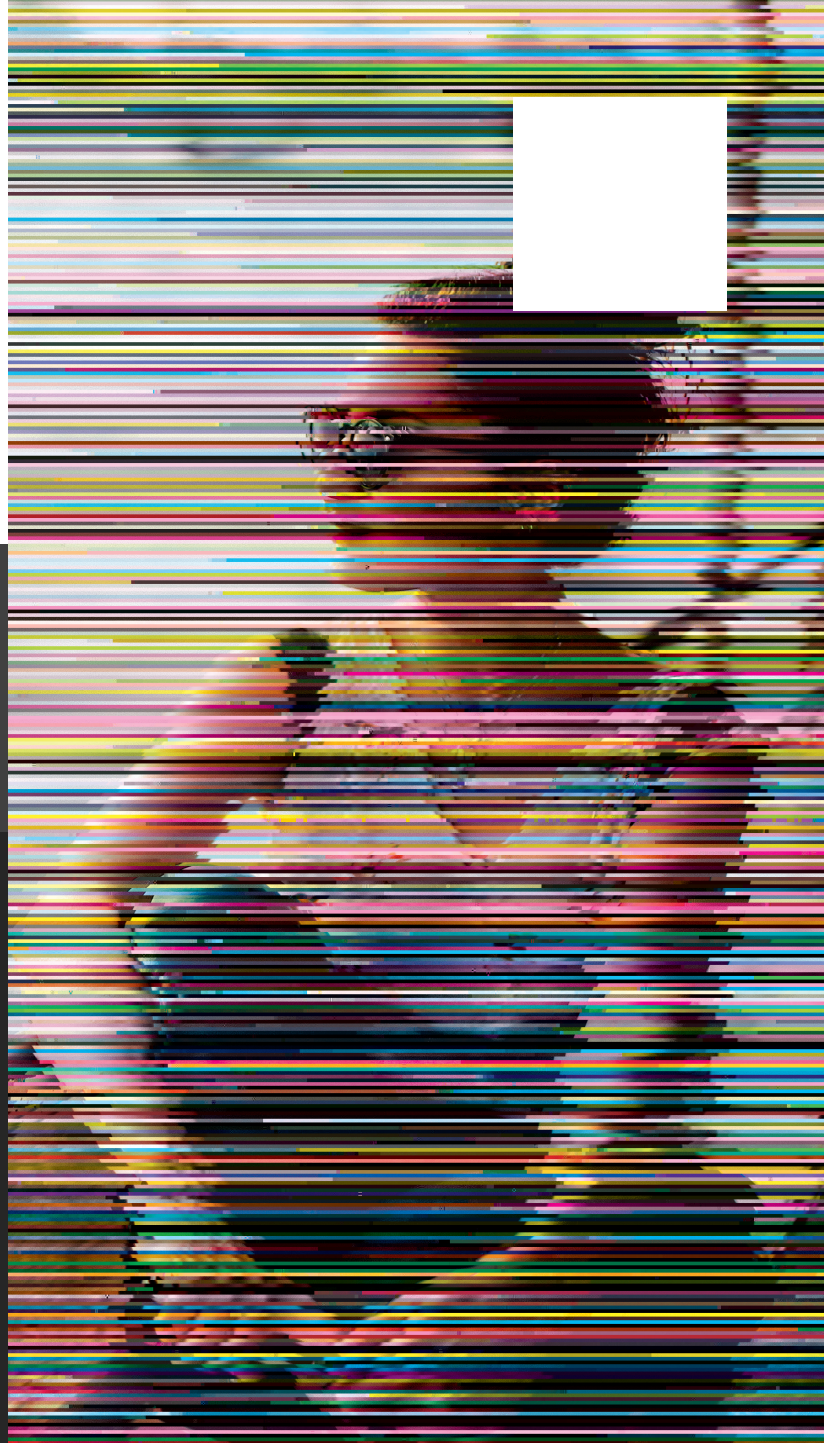
VISION CARE SERVICES	IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>			
Exam	\$0 copay	\$10 copay	Up to \$40
Retinal Imaging	Up to \$39	Up to \$39	Not covered
<b>CONTACT LENS FIT AND FOLLOW-UP</b>			
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	10% off retail price	Not covered
<b>FRAME</b>			
Frame	\$0 copay; 20% off balance over \$225 allowance	\$0 copay; 20% off balance over \$175 allowance	Up to \$123
<b>STANDARD PLASTIC LENSES</b>			

\$0

Exam copay

\$225

Frame allowance



Find plenty of in-network eye doctors — including PLUS Providers — on our Provider Locator. Just look for the PLUS.

Need extra assistance? Contact us at 866.804.0982 or visit [eyemed.com](http://eyemed.com).