Hometown Health

POWERED BY EyeMed

Get the best value for your benefit when you use an in-network provider from EyeMed. When using an out-of-network provider you will typically pay more out-of-pocket. Visit eyemed.com or call 1-866-939-3633 to find an in-network provider near you or get direct assistance.

Access Exam Plus $0	In-Network Member Cost Share	Frequency
Eye Examination	$0 Copay	One per 12 months
Eyeglass Frames	35% discount off retail price	Unlimited
Eyeglass Lenses	SV $50, BF $70, TR $105, STD PAL $135	Unlimited
Contact Lenses*	15% discount off conventional CLS	Unlimited

**Contact Lens Fitting may be done for an additional charge to the member.*

$1.37 per employee per month EE, $2.74 EE+SP, $2.47 EE+CH(ren), $4.25 Family

Access Plus $10/150	In-Network Member Cost	Frequency
Eye Examination	$10 Copay	One per 12 months
Eyeglass Frames	$150 allowance, 20% off balance over $150	One per 12 months
Eyeglass Lenses	SV $0, BF $0, TR $0, STD PAL $65	One per 12 months
Contact Lenses*	$150 allowance for conventional or disposable CLS, 15% discount off balance	One per 12 months

**Contact Lens Fitting may be done for an additional charge to the member.*

$4.49 per employee per month EE, $8.98 EE+SP, $8.08 EE+CH(ren), $13.92 Family

Access A $0/100	In-Network Member Cost	Frequency
Eye Examination	$0 Copay	One per 12 months
Eyeglass Frames	$100 allowance, 20% off balance over $100	One per 24 months
Eyeglass Lenses	SV $10, BF $10, TR $10, STD PAL $75	One per 12 months
Contact Lenses*	$100 allowance for conventional or disposable CLS, 15% discount off balance	One per 12 months

**Contact Lens Fitting may be done for an additional charge to the member.*

$4.52 per employee per month EE, $9.04 EE+SP, $8.14 EE+CH(ren), $14.01 Family

Access Plus $10/175	In-Network Member Cost	Frequency
Eye Examination	$10 Copay	One per 12 months
Eyeglass Frames	$175 allowance, 20% off balance over $175	One per 24 months
Eyeglass Lenses	SV $20, BF $20, TR $20, STD PAL $85	One per 12 months
Contact Lenses*	$175 allowance for conventional or disposable CLS, 15% discount off balance	One per 12 months

**Contact Lens Fitting may be done for an additional charge to the member.*

$5.78 per employee per month EE, $11.56 EE+SP, $10.40 EE+CH(ren), $17.92 Family