Explanation of your vision care benefits

These benefits apply to all IU Health Plans Medicare Advantage plans.

EyeMed is an independent vision care program and network of providers utilized by IU Health Plans Medicare Advantage HMO and HMO-POS.

Vision care services	In-network member cost	Out-of-network reimbursement
Exam with dilation as necessary	$0 copay	Up to $30
Frames	$250 allowance for frame, lens and lens options; 20% off balance over $250	Up to $125
Contact lenses *(Contact lens allowance includes materials only.)*		
Conventional	$0 copay, $250 allowance, 15% off balance over $250	Up to $200
Disposable	$0 copay, $250 allowance, plus balance over $250 (no discount on balance over $250)	Up to $200
Medically necessary	$0 copay, paid in full	Up to $210
Laser vision correction LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Additional pairs discount	Members also receive a 40% discount off complete pair eyeglass purchase and 15% off conventional contact lenses once the funded benefit has been used.	N/A
Frequency Examination Frames and lenses or contact lenses	$250 max allowance Once every 12 months Once every 24 months	

You're on the INSIGHT network. For a complete list of providers near you, use our Enhanced Provider Locator on member.eyemedvisioncare.com/iuhealth or call 844.408.6295. For LASIK providers, call 877.5LASER6.

Limitations – Fees charged by a provider for services other than a covered benefit and any local, state or federal taxes must be paid in full by the insured person to the provider. Such fees, taxes or materials are not covered under the policy. Allowances provide no remaining balance for future use within the same benefit frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state.

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Exclusions – No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; refraction, when not provided as part of a comprehensive eye examination; 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; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses; any vision examination or any corrective vision materials required by a policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; 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.

Plan discounts – Member receives a 20% discount on items not covered by the plan at in-network locations. Discount does not apply to 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 the 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. The plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time.

IU Health Plans Member Advocates hours

Oct. 1 to March 31, 8 am to 8 pm, seven days a week; April 1 to Sept. 30, 8 am – 8 pm, Monday – Friday. Call 800.455.9776 (TTY/TDD 711). Language assistance is available.

Indiana University Health Plans is an HMO/HMO-POS with a Medicare contract. Enrollment in IU Health Plans Medicare depends on the plan's contract renewal with Medicare. IU Health does not discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, genetic information, veteran status, national origin, gender identity and/or expression, marital status, or any other characteristic protected by federal, state or local law.