



**MMO EyeMed**  
**Access Plan H, Fixed Fee Voluntary Option**  
**Oberlin College**

Version 7  
10/2024

Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$10 Copay	\$45
Retinal Imaging Benefit	Up to \$39	N/A
<b>Exam Options:</b> Standard Contact Lens Fit and Follow-Up: Premium Contact Lens Fit and Follow-Up:	Up to \$55 10% off Retail Price	N/A
<b>Frames:</b> Any available frame at provider location	\$0 Copay; \$120 Allowance, 20% off balance over \$120	\$66
<b>Standard Plastic Lenses</b> Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens	\$20 Copay \$20 Copay \$20 Copay \$20 Copay \$85 Copay \$85 Copay, 80% of Charge less \$120 Allowance	\$32 \$55 \$65 \$80 \$55 \$55
<b>Lens Options:</b> UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized and Other Ad-ons	\$15 \$15 \$15 \$40 \$40 \$45 20% off Retail Price	N/A
<b>Contact Lenses</b> (Contact lens allowance includes materials only) Conventional Disposable Medically Necessary	\$0 Copay; \$110 allowance, 15% off balance over \$110 Copay; \$110 allowance, plus balance over \$110 \$0 Copay, Paid-in-Full	\$98 \$98 \$210
<b>Laser Vision Correction</b> Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
<b>Amplifon Hearing Health Care</b>	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on hearing aids.	N/A
<b>Additional Pairs Benefit:</b>	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
<b>Frequency:</b> Examination Lenses or Contact Lenses Frame	Once every 12 months	N/A
<b>Monthly Cost</b>	Employee Employee plus 1 dependent Family	\$7.06 \$14.12 \$19.42

\* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. 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 on-line provider locator to determine which participating providers have agreed to the discounted rate