



Ferris State University

CORE PLAN

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$0 copay	Up to \$40
FRAME		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
CONTACT LENSES <i>(Contact Lens allowance includes materials only)</i>		
Contacts - Conventional	\$0 copay; 15% off balance over \$110 allowance	Up to \$110
Contacts - Disposable	\$0 copay; 100% of balance over \$110 allowance	Up to \$110
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
STANDARD PLASTIC LENSES		
Single Vision	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal	\$10 copay	Up to \$70
Lenticular	\$10 copay	Up to \$70
Progressive - Standard	\$75 copay	Up to \$50
Progressive - Premium Tier 1	\$95 copay	Up to \$50
Progressive - Premium Tier 2	\$105 copay	Up to \$50
Progressive - Premium Tier 3	\$120 copay	Up to \$50
Progressive - Premium Tier 4	\$75 copay, 20% off retail price less \$120 allowance	Up to \$50

Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company
 Option Base
 Exam & Materials
 Insight Network
 Fully Insured
 Employer Paid
 Funded Benefits

Frequency

Examination
Once every 12 months
Lenses (in lieu of contacts)
Once every 12 months
Contacts (in lieu of lenses)
Once every 12 months
Frame
Once every 12 months



Ferris State University

BUY UP PLAN

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$0 copay	Up to \$40
FRAME		
Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$105
CONTACT LENSES <i>(Contact Lens allowance includes materials only)</i>		
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	Up to \$150
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	Up to \$150
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
STANDARD PLASTIC LENSES		
Single Vision	\$0 copay	Up to \$30
Bifocal	\$0 copay	Up to \$50
Trifocal	\$0 copay	Up to \$70
Lenticular	\$0 copay	Up to \$70
Progressive - Standard	\$65 copay	Up to \$50
Progressive - Premium Tier 1	\$85 copay	Up to \$50
Progressive - Premium Tier 2	\$95 copay	Up to \$50
Progressive - Premium Tier 3	\$110 copay	Up to \$50
Progressive - Premium Tier 4	\$65 copay, 20% off retail price less \$120 allowance	Up to \$50

Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company
 Option Buy Up
 Exam & Materials
 Insight Network
 Fully Insured
 Employee Paid
 Funded Benefits

Frequency

Examination
Once every 12 months
Lenses (in lieu of contacts)
Once every 12 months
Contacts (in lieu of lenses)
Once every 12 months
Frame
Once every 12 months