



Hologic

Insight Network


Plan Year: July 1, 2026 – June 30, 2027



PLUS Providers offer members:

- \$0 eye exam copay
- Additional \$50 frame allowance
- A streamlined experience

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$0 copay	Up to \$57
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT & FOLLOW UP		
Fit & follow-up: Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit & follow-up: Premium	10% off retail price	Not covered
FRAME		
Frame	20% off balance over \$250 allowance (\$300 allowance at )	Up to \$200
STANDARD PLASTIC LENSES		
Single Vision	\$0 copay	Up to \$47
Bifocal	\$0 copay	Up to \$79
Trifocal/Lenticular	\$0 copay	Up to \$113
Progressive – Standard	\$0 copay	Up to \$73
Progressive – Premium Tier 1-4	\$85 - \$215	Up to \$100
LENS OPTIONS		
Anti Reflective Coating – Standard	\$45 copay	Up to \$23
Anti Reflective Coating – Premium Tier 1 –3	\$57 - \$100	Up to \$23
Photochromic – Non-Glass	\$75	Not covered
Polycarbonate – Standard	\$40	Not covered
Polycarbonate – Std < 26 years old	\$0 copay	Up to \$22
Scratch Coating	\$15	Not covered
Tint	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts – Conventional/Re-usable	15% off balance over \$250 allowance	Up to \$200
Contacts – Disposable/Daily	\$250 allowance	Up to \$200
Contacts – Medically Necessary	Paid in full	Up to \$300
OTHER		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered




Register and Login at:

www.EyeMed.com

to review your plan benefits and find an in-network provider

Select the “Insight” Network

➤ Receive a higher Frame allowance at a 

Frequency

Exam

Once every plan year

Frame

Once every plan year

Eye Glass Lenses

Once every plan year

or

Contact Lenses

Once every plan year

Premiums

Tier	Bi-weekly	Semi-monthly
EE Only	\$5.42	\$5.87
EE + 1	\$10.30	\$11.16
Family	\$15.12	\$16.38

40% OFF A 2nd complete pair of prescription eyeglasses

20% OFF non-covered items, including non-prescription sunglasses and blue light glasses

Savings plus convenience plus choice

PLUS Providers add another layer of
coverage

\$300
Frame allowance

Staying in-network helps you save money on eye exams, frames and lenses. Visiting a PLUS Provider is designed to help you save even more.

And since PLUS Providers are already in our network, the additional perks are built right into your vision benefits. No promo codes, no coupons, no paperwork. The same vision benefits, plus a little more savings.



eye
Med



This information is available broadly and
is not plan or state specific.

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The choice is yours

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.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS®

PEARLE
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VISION

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