

Give employees more with their vision care

40% OFF
A complete pair of prescription glasses.¹

20% OFF
Non-prescription sunglasses.²

20% OFF
Any extra money you owe once you spend more than your frame allowance.²

These discounts are for in-network providers only.

Learn more

Contact your EmblemHealth rep or visit emblemhealth.com.

In-network member costs	PLAN A	PLAN B	PLAN C
Exam			
Exam with dilation as necessary	Applicable co-pay	Applicable co-pay	Applicable co-pay
Contact lens exam options			
Standard contact lens fit and follow-up	Up to \$40	Up to \$40	Up to \$40
Frames			
Any available frame at provider location	\$0 co-pay / \$80 allowance 20% off balance over \$80	\$0 co-pay / \$80 allowance 20% off balance over \$80	\$0 co-pay / \$80 allowance 20% off balance over \$80
Standard plastic lenses			
Single vision	\$0 co-pay	\$0 co-pay	\$35 co-pay
Bifocal	\$0 co-pay	\$0 co-pay	\$35 co-pay
Trifocal	\$0 co-pay	\$0 co-pay	\$35 co-pay
Standard progressive lens	\$65 co-pay	\$65 co-pay	\$100 co-pay
Premium progressive lens	\$65 co-pay, 80% of charge less \$120 allowance	\$65 co-pay, 80% of charge less \$120 allowance	\$100 co-pay, 80% of charge less \$120 allowance
Lens options			
UV treatment	\$15 co-pay	\$15 co-pay	\$15 co-pay
Tint (solid and gradient)	\$15 co-pay	\$15 co-pay	\$15 co-pay
Standard plastic scratch coating	\$15 co-pay	\$15 co-pay	\$15 co-pay
Standard polycarbonate - adults	\$40 co-pay	\$40 co-pay	\$40 co-pay
Standard polycarbonate - kids under 19	\$40 co-pay	\$40 co-pay	\$40 co-pay
Standard anti-reflective coating	\$45 co-pay	\$45 co-pay	\$45 co-pay
Other add-ons	20% off retail	20% off retail	20% off retail
Contact lenses (materials only)			
Conventional	\$0 co-pay / \$70 allowance 15% off balance over \$70	\$0 co-pay / \$70 allowance 15% off balance over \$70	Not covered
Disposable	\$0 co-pay / \$70 allowance, plus balance over \$70	\$0 co-pay / \$70 allowance, plus balance over \$70	Not covered
Medically necessary	\$0 co-pay, paid-in-full	\$0 co-pay, paid-in-full	Not covered
Frequency			
Examination	Once every 12 months	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 24 months	Once every 24 months
Frame	Once every 12 months	Once every 24 months	Once every 24 months



¹Available at in-network provider locations.

²This is not an insured benefit. Discounts on non-covered services may not be available through all providers or in all stores.