Vision Care Benefits: What's Available at Brookhaven?

We have 3 different programs:



If you enroll in the new Vision Care Plan provided through EyeMed, you have coverage for:

- One routine eye exam each calendar year after a \$10 copay (if you use an in-network provider) or up to a \$50 reimbursement copay (if you use an out-of-network provider)
- Eyeglasses or contact lenses (costs vary based on the use of an in- or out-of-network provider, the frames, lenses, or contact lenses selected, etc.)

Additional coverage applies for diabetics.

Coverage for treatment of illness or injury to the eye is not provided.

Payroll Contribution:

Coverage	Monthly Contribution	Weekly Contribution	
1 Person	\$2.80	\$0.65	
2 People	\$5.60	\$1.29	
3 or More People	\$9.02	\$2.08	



If you're enrolled in one of the Medical Plans provided through Aetna, you have coverage for:

- One routine eye exam every 24 months at no cost (if you use an in-network provider)
- Care for illness or injury to the eye based on the copays, coinsurance & deductibles in your medical program
- Eyeglasses and contact lenses (discounts through EyeMed Select Network providers)

You do not have coverage for eyeglasses or contact lenses (exceptions apply for certain medical conditions).

Payroll Contribution: included in BSA Medical Plan contribution.



You do not need to enroll in the Medical Plan or the Vision Care Plan to receive the following discounts at The Vision Centers located at Walmart in Middle Island, NY:

- Routine eye exam: \$59 for eyeglasses; \$85 for contact lenses
- 30% off purchase of both eyeglass frames and lenses
- 10% discount on purchase of only eyeglass lenses or contact lenses

Coverage for treatment of illness or injury to the eye is not provided.

Payroll Contribution: none

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	Coverage/Cost				
Program	Vision Care Plan through EyeMed		Aetna: Vision Care Discount Program	Vision Center at Walmart: Discount Program	
Do you need to elect coverage to use this?	Yes - you need to enroll in the Vision Care Plan		Yes - you need to enroll in the Aetna Medical Plan	No enrollment is needed	
Coverage source	In-network* (EyeMed Insight Network)	Out-of-network	In-network (EyeMed Select Network)	In-network (Walmart in Middle Island, NY only)	
Routine eye exam for eyeglasses	The same exam is used for contact lenses or eyeglasses and the limit is 1 per calendar year		1 per 24 months	No limit on frequency	
	\$10 copay	Up to \$50 reimbursement	\$0 copay	\$59 copay	
Lenses	One pair of lenses ea	One pair of lenses each calendar year		No limit on frequency	
Single vision	\$25 copay	Up to \$50	No limit on frequency \$40 copay	no mine on nequency	
Bifocal	\$25 copay	Up to \$75 reimbursement	\$60 copay	30% discount off retail price if both frames & eyeglass lenses are purchased	
Trifocal	\$25 copay	Up to \$100 reimbursement	\$80 copay		
Standard progressive	\$25 copay	Up to \$75 reimbursement	\$120 copay	10% discount off retail price if only eyeglass lenses are purchased	
Premium progressive	\$110-\$200 copay depending on brand/type	Up to \$75 reimbursement	No discount		
	1 nair nar cala	1 pair per calendar year		No limit on fraguency	
Frames	Up to \$220 allowance + 20% off amount above allowance	Up to \$160 reimbursement	No limit on frequency 35% discount off retail price	No limit on frequency 30% discount off retail price if both frames & eyeglass lenses are purchased 10% discount off retail price if only frames are purchased	
	The same exam is used for contact lenses or eyeglasses and the limit is 1 per calendar year	Not covered	1 per 24 months	No limit on frequency	
Contact lens exam	\$10 copay for exam	Not covered	\$0 copay	\$85 copay	
	Standard fit & follow-up exam \$40	Not covered	1 per 24 months		
	Premium fit & follow-up exam 10% off retail	Not covered	Can obtain either contact lens exam or eyeglasses exam, but not both	,	
			No limit on frequency	AL 15 15 C	
Contact lenses		Each calendar year Up to \$160		No limit on frequency	
Disposable	Up to \$200 allowance	reimbursement Up to \$210			
Medically necessary	\$0 copay	reimbursement	15% discount off retail price	10% discount off retail price	
Conventional	Up to \$220 allowance + 15% off amount above allowance	Up to \$160 reimbursement	price		

^{*} Includes Target Optical, LenCrafters, Pearle Vision, Walmart, large network of independent providers, online (ray-ban.com, contactsdirect.com, lencrafters.com, targetoptical.com and glasses.com)

This is intended to provide only a summary of the programs. Additional details, discounts and coverages may apply, such as costs for UV coating, scratch resistant coating, photochromatic lenses (darken upon exposure to light), etc.