

Trustees of Boston College

(Insight Network)

VISION CARE SERVICES	IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES			
Exam	\$0 copay	\$0 copay	Up to \$57
Retinal Imaging	Up to \$39	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP			
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	10% off retail price	Not covered

\$200

Frame allowance

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.

