Using Your Vision Benefit

Q. How do I use my benefit?

A. Using your vision benefit at a network provider is easy, read below or watch this video.
1. Locate a provider that services your plan by using our Enhanced Provider Search.
2. Call the eyewear provider to confirm he or she accepts your plan.
3. Schedule an appointment.
4. Show your EyeMed Member ID card at the time of service. Don't have your ID card? No worries! You don't need one to receive services. Simply show your driver's license or pull up your digital card on the EyeMed Members App.

The provider's staff will do the rest! You pay for any copays indicated, as well as any applicable amounts over the allowances. Your provider will supply you with these amounts.

Q. How do I submit a claim?

A. When you visit one of our in-network providers, we take care of all of the paperwork – there is nothing more you need to do! However, if you see an out-of-network provider AND you have out-of-network benefits as part of your plan, you'll need to pay at the time of service and submit a claim form online for reimbursement. You will need to upload an itemized paid receipt with your name included.

Q. How can I check on the status of a claim?

A. If you used your benefits at an in-network provider, you do not need to check the status of a claim, as we will work with the provider directly. If you filed an out-of-network claim, please contact our Customer Care Center at the number listed on your Member ID card to inquire about the status of a claim. Have your Member ID available for faster service.

Q. As a subscriber, why do I not see benefits or claims information for my dependent?

A. Due to privacy guidelines, we only show family members who are under the age of 18 under the subscriber's account. Anyone 18 or older will need to register for his or her own account. For more information watch this video.

Q. Can I apply Flexible Spending Arrangement (FSA) funds to out-of-pocket costs after my vision benefit is applied?

A. Yes. You can use your FSA to pay for a variety of health-related out-of pocket expenses, including those associated with ancillary benefits like this plan. Money from your FSA can be applied toward the out-of-pocket costs for prescription glasses or contact lenses (including upgrades) and supplies such as contact lens solution. Employees can even use FSA funds for LASIK surgery.

Q. I'm interested in receiving my benefit communications electronically. How do I select paperless options?

A. You can manage them within the Manage Profile page. The link is accessible throughout the site in the upper right corner of every web page. From there, you can select to receive paperless Explanation of Benefits on this site (as Adobe Acrobat PDF files) and to be notified via email. You can also opt to receive other benefit-related communications from us via email. (Note that we will never sell or share your email address to a third party.)

Q. I currently have paperless options enabled; however, I would like to start receiving my Explanation of Benefits documents via U.S. mail. How do I change my paperless options?

A. You can change your paperless options within the Manage Profile page. The link is accessible throughout the site in the upper right corner of every web page. From there, you can uncheck the option to receive paperless Explanation of Benefits. You will then begin receiving these documents via U.S. mail.
You can separately opt to receive other benefit-related communications from us via email, or you can also uncheck this option within the Manage Profile page. (Note that we will never sell or share your email address to a third party.)

Q. Where can I find a list of tiers for progressive lenses and anti-reflective coatings?

A. You can download a pdf copy of our tier classifications.

Q. How can I find my appeal rights?

A. You have the right to appeal a denied claim. You can ask for a review if we deny a claim and you do not agree. This is called an appeal. Appeals may be submitted via mail, email or fax. Refer to your Explanation of Benefits (EOB) or contact the Customer Care Center at 800-699-0993 for instructions. You may appeal on your own or you may authorize someone to appeal for you. You can do this by submitting an Appointment of Representative form with your appeal.

The EyeMed Provider Network

Q. How do I find a provider who accepts my EyeMed plan?

A. EyeMed makes it easy to find an eye doctor and schedule an exam online. Visit our enhanced provider search to choose from more than 95,000 in-network providers*. You can even filter your search by your frame preferences, provider hours, and much more. Watch this video for more information.
*On the Access network

Q. Can I use my benefits online?

A. Absolutely! You can use your in-network EyeMed benefits online by visiting contactsdirect.com, lenscrafterscontacts.com, or Target Optical to purchase contact lenses online. To purchases glasses online visit glasses.com or Target Optical.

Q. I can't find a provider near my home or work. Who can I see?

A. You can visit an out-of-network provider and access your in-network level of benefits when you cannot schedule an appointment within two-weeks because there is no in-network provider available without excessive travel or delay. You must submit a claim form into EyeMed for reimbursement. Complete the out-of-network claim form, which includes additional information and requirements.

Q. What does excessive travel or delay mean?
A. It means that you were unable to:
- Schedule a visit within two-weeks,
- Locate a participating provider within a 10-mile radius in an **urban-suburban** area, or
- Locate a participating provider within a 20-mile radius in a **rural area**.

It does not mean that you may obtain the in-network level of benefits because you choose to use an out-of-network provider due to your preference or when your personal schedule does not permit you to schedule an appointment with a provider who has available appointments within the two-week period.