



Adelphi University

Vision Care

In-Ne



(paid by the member and added to the base price of the lens)

	\$1.	/
	\$1.	/
	\$0	\$11
	\$40	/
	\$0	31
	\$4.	\$2
in-network	\$.	/
	\$.	/
Enhanced	\$.	# 4, 00 0 01/
	0%	/
	20%	/
	20%	/

1-866-299-1358

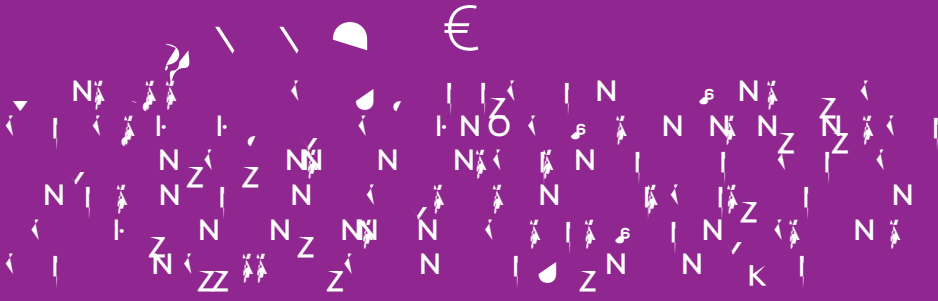
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)

\$40 10% 1,104, 0 .013

Contact Lng aids

12





	With EyeMed	
Exam with dilation as necessary (_____ 12_)	\$10 Co-pay	\$4•
Frames (_____ 12_)	\$0 Co-pay; \$120 allowance; 20% off balance over \$120	\$4
Single Vision Lenses (_____ 12_)	\$25 Co-pay	\$4•
Or		
Contacts (_____ 12_)	\$0 Co-pay; \$120 allowance; plus balance over \$120	\$10•



**79%
SAVINGS
with us***

With EyeMed	**
Exam \$10 Co-pay	\$10
Frame \$163 - \$120 allowance \$43 - \$8.60 (20% discount off balance) \$34.40	\$1.3
Lens \$25 Co-pay \$15 UV treatment add-on +\$0 Scratch coating add-on \$40	\$1 \$23 +\$2 \$12
Total \$84.40	\$30.40

