

MIT Student Vision Insurance Plan



40%

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including nonprescription sunglasses

Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- · EyeMed Members App
- For LASIK, call
 1.800.988.4221

Heads Up

You may have additional benefits.
Log into eyemed.com/member to see all plans included with your benefits.

RAME rame \$0 capay; 20% off balance over \$150 allowance TANDARD PLASTIC LENSES ingle Vision iffocal \$10 capay iffocal \$10 capay \$10				
RAME rame \$0 capay; 20% off balance over \$150 allowance TANDARD PLASTIC LENSES ingle Vision iffocal \$10 capay \$10	SUMMARY OF BENEFITS			
TANDARD PLASTIC LENSES Ingle Vision S10 copay S10 copay Up to \$47 Iffocal S10 copay Up to \$79 Iffocal S10 copay Up to \$113 S10 copay Up to \$100 S113 S10 copay Up to \$100 S113 S10 copay Up to \$100 S113 S10 copay Up to \$100 S100 S100 S25 copay Up to \$23 S26 copay Up to \$23 S27 Not covered S27 Not covered S28 copay Up to \$22 S28 copay Up to \$22 S29 copay Up to \$23 S20 copay Up to \$23 S21 Not covered S22 copay Up to \$23 S23 Not covered S24 Copay Up to \$23 S25 Not covered S26 copay Up to \$23 S27 Not covered S27 Not covered S28 copay Up to \$23 S28 Not covered S29 copay Up to \$23 S29 Copay Up to \$23 S20 copay Up to \$24 S20 copay Up to \$25 S20 copay Up to \$26 S20 copay Up to \$27 S20 copay S20 c	VISION CARE SERVICES			
TANDARD PLASTIC LENSES Ingle Vision S10 copay S10 copay Up to \$47 Iffocal S10 copay Up to \$79 Iffocal S10 copay Up to \$113 S10 copay Up to \$100 S113 S10 copay Up to \$100 S113 S10 copay Up to \$100 S113 S10 copay Up to \$100 S100 S100 S25 copay Up to \$23 S26 copay Up to \$23 S27 Not covered S27 Not covered S28 copay Up to \$22 S28 copay Up to \$22 S29 copay Up to \$23 S20 copay Up to \$23 S21 Not covered S22 copay Up to \$23 S23 Not covered S24 Copay Up to \$23 S25 Not covered S26 copay Up to \$23 S27 Not covered S27 Not covered S28 copay Up to \$23 S28 Not covered S29 copay Up to \$23 S29 Copay Up to \$23 S20 copay Up to \$24 S20 copay Up to \$25 S20 copay Up to \$26 S20 copay Up to \$27 S20 copay S20 c	FRAME			
Ingle Vision Ifocal Ifocapay Ifoc	Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$120	
iffocal \$10 copay Up to \$79 iffocal \$10 copay Up to \$113 enticular rogressive - Standard \$65 copay Up to \$113 rogressive - Premium Tier 1 - 3 \$95 - 120 copay Up to \$100 rogressive - Premium Tier 4 \$225 copay Up to \$100 rogressive - Premium Tier 4 \$225 copay Up to \$95 ENS OPTIONS roti Reflective Coating - Standard \$45 Up to \$23 roti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 roti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 roti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 rotach Coating - Standard \$0 copay Up to \$23 rotach Coating - Standard \$0 copay Up to \$22 cratch Coating - Standard \$0 copay Up to \$22 cratch Coating - Standard \$15 Not covered rotach Coating - Standard Plastic \$15 Not covered rotach Coating - Standard	STANDARD PLASTIC LENSES			
SiD copay Up to \$113 enticular enticular siD copay Up to \$113 rogressive - Standard rogressive - Premium Tier 1 - 3 \$95 - 120 copay Up to \$100 rogressive - Premium Tier 4 \$25 copay Up to \$100 rogressive - Premium Tier 4 \$25 copay Up to \$95 ENS OPTIONS nti Reflective Coating - Standard sti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 nti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 nti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 ntotochromic - Non-Glass slow covered solvcarbonate - Standard slow copay Up to \$22 cratch Coating - Standard Plastic slis Not covered slis Not covered II Other Lens Options slis Not covered Up to \$150 Sid and Gradient slis Not covered Up to \$120 sid and Gradient slis Not covered Up to \$120 sid and Gradient slis Not covered Up to \$120 sid and Gradient slis Not covered Up to \$120 sid and Gradient slis Not covered Up to \$120 sid and Gradient slis Not covered Up to \$120 sid and Gradient slis Not covered Up to \$120 sid and Gradient slis Not covered Up to \$120 sid and Gradient slis Sid allowance ontacts - Conventional slis off hearing aids; call slight slig	Single Vision	\$10 copay	Up to \$47	
enticular rogressive - Standard rogressive - Premium Tier 1 - 3 \$95 - 120 copay Up to \$73 rogressive - Premium Tier 4 \$225 copay Up to \$95 ENS OPTIONS nti Reflective Coating - Standard streflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 nti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 nti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 ntotochromic - Non-Glass \$75 Not covered olycarbonate - Standard \$0 copay Up to \$22 cratch Coating - Standard Plastic \$15 Not covered 155 Not covered 16 V Treatment 1515 Not covered 17 V Treatment 18 Spring Not covered 18 Spring Not covered 18 Spring Not covered 19 V Treatment 10 Other Lens Options 20% off retail price 10 ONTACT LENSES 00 ontacts - Conventional 00 copay; 15% off balance over Spring Not covered 10 ONTACT LENSES 00 copay; 15% off balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100% of balance over Spring Not covered 00 ONTACT LENSES 00 copay; 100%	Bifocal	\$10 copay	Up to \$79	
ragressive - Standard sqs - Standard sqs - Premium Tier 1 - 3 sqs - 120 copay Up to \$100 ragressive - Premium Tier 4 \$225 copay Up to \$95 ENS OPTIONS Inti Reflective Coating - Standard sqs - Standard sqs - Standard sqs - Premium Tier 1 - 3 sqs - 100 copay Up to \$23 sqs - 100 copay Up to \$24 sqs - 100 copay Up to \$25 sqs - 100 c	Trifocal	\$10 copay	Up to \$113	
rogressive - Premium Tier 1 - 3	Lenticular	\$10 copay	Up to \$113	
ENS OPTIONS Inti Reflective Coating - Standard \$45 Up to \$23 Inti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 Inti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 Inti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 Inti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 Inti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 Inti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 Inti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 Inti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 Inti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 Inti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$23 Inti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$22 Inti Reflective Coating - Premium Tier 1 - 3 \$57 - 100 copay Up to \$22 Inti Reflective Coating - Standard Plastic Sils Not covered Vp to \$150 allowance Ontacts - Solid Inti Premium Tier 1 - 3 \$57 - 100 copay Up to \$120 Inti Covered Vp to \$150 allowance Ontacts - Disposable Solid Inti Premium Tier 1 - 3 \$57 - 100 copay Up to \$120 Inti Covered Sils Ontactor Ontacts - Ontacts - Disposable Solid Inti Premium Tier 1 - 3 \$57 - 100 copay Up to \$120 Inti Covered Sils Ontactor Ontacts -	Progressive - Standard	\$65 copay	Up to \$73	
ENS OPTIONS nti Reflective Coating - Standard sti Reflective Coating - Premium Tier 1 - 3 sti Reflective Coating - Premium Tier 1 - 20 sti Reflective Coating - Premium Tier 1 - 20 sti Reflective Coating - Premium Tier 1 - 20 sti Reflective Coating - Not covered sti Sti Reflective Tier Tier Tier Tier Tier Tier Tier Tie	Progressive - Premium Tier 1 - 3	\$95 - 120 copay	Up to \$100	
nti Reflective Coating - Standard nti Reflective Coating - Premium Tier 1 - 3 standard standard Sport	Progressive - Premium Tier 4	\$225 copay	Up to \$95	
nti Reflective Coating - Premium Tier 1 - 3 hotochromic - Non-Glass hotochromic - Non-Glass hotochromic - Non-Glass hotochromic - Non-Glass hotochromic - Standard hotochromic - Not covered hot cov	LENS OPTIONS			
hotochromic - Non-Ğlass olycarbonate - Standard slo copay Olycarbonate - Standard Slo covered Olycarbonate - Standard Slo covered Olycarbonate - Standard Slo covered Olycarbonate - Slo covered Ol	Anti Reflective Coating - Standard	\$45	Up to \$23	
solycarbonate - Standard solycarbonate - Standard solic cratch Coating - Standard Plastic nt - Solid and Gradient standard Standard Plastic nt - Solid and Gradient standard Standard Plastic nt - Solid and Gradient standard Standard Plastic Not covered ONTACT LENSES O	Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 100 copay	Up to \$23	
cratch Coating - Standard Plastic Int - Solid and Gradient S15 Not covered V Treatment V To S120 S150 allowance Over \$150 allowanc	Photochromic - Non-Glass	\$75	Not covered	
Int - Solid and Gradient V Treatment Vot covered Not covered Not covered V To \$120 S150 allowance Over \$150 allowance Over \$150 allowance V Up to \$120 V To \$120 V To \$120 V To \$120 V To \$300 THER earing Care from Amplifon Network V Dp to 66% off hearing aids; call 1.877.203.0675 ASIK or PRK from U.S. Laser Network V Dp to 66% off promo price; call 1.800.988.4221 REQUENCY ALLOWED FREQUENCY - ALLOWED FREQUENCY - ADULTS Once every plan year	Polycarbonate - Standard	\$0 copay	Up to \$22	
V Treatment II Other Lens Options 20% off retail price Not covered	Scratch Coating - Standard Plastic	\$15	Not covered	
ONTACT LENSES Ontacts - Conventional Ontacts - Disposable Ontacts - Medically Necessary THER earing Care from Amplifon Network ASIK or PRK from U.S. Laser Network ASIK or PRK from U.S. Laser Network REQUENCY ALLOWED FREQUENCY - ADULTS Once every plan year Once every plan year Once every plan year	Tint - Solid and Gradient	\$15	Not covered	
ONTACT LENSES ontacts - Conventional ontacts - Disposable ontacts - Disposable ontacts - Medically Necessary THER earing Care from Amplifon Network ASIK or PRK from U.S. Laser Network REQUENCY ALLOWED FREQUENCY - ALLOWED FREQUENCY - ADULTS rame enses Once every plan year	UV Treatment	\$15	Not covered	
\$0 copay; 15% off balance over Up to \$120 \$150 allowance ontacts - Disposable \$0 copay; 100% of balance over \$150 allowance ov	All Other Lens Options	20% off retail price	Not covered	
\$150 allowance \$0 copay; 100% of balance over \$150 allowance sources - Medically Necessary \$0 copay; paid in full Up to \$300 THER earing Care from Amplifon Network Light of Frequency ASIK or PRK from U.S. Laser Network REQUENCY ALLOWED FREQUENCY - ALLOWED FREQUENCY - ADULTS ALLOWED FREQUENCY - Once every plan year	CONTACT LENSES			
over \$150 allowance stocopay; paid in full Up to \$300 THER earing Care from Amplifon Network Up to 66% off hearing aids; call 1.877.203.0675 ASIK or PRK from U.S. Laser Network 15% off retail or 5% off promo price; call 1.800.988.4221 REQUENCY ALLOWED FREQUENCY - ALLOWED FREQUENCY - KIE ADULTS Once every plan year	Contacts - Conventional		Up to \$120	
THER earing Care from Amplifon Network Up to 66% off hearing aids; call Not covered 1.877.203.0675 ASIK or PRK from U.S. Laser Network Discontinuous frequency - ALLOWED FREQUENCY - ADULTS ALLOWED FREQUENCY - ADULTS Once every plan year Once every plan year Once every plan year Once every plan year	Contacts - Disposable		Up to \$120	
earing Care from Amplifon Network ASIK or PRK from U.S. Laser Network Dy to 66% off hearing aids; call Not covered 1.877.203.0675 ASIK or PRK from U.S. Laser Network Display off retail or 5% off promo price; call 1.800.988.4221 REQUENCY ALLOWED FREQUENCY - ALLOWED FREQUENCY - ADULTS ADULTS Once every plan year Once every plan year Once every plan year Once every plan year	Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$300	
1.877.203.0675 ASIK or PRK from U.S. Laser Network 15% off retail or 5% off promo price; call 1.800.988.4221 REQUENCY ALLOWED FREQUENCY - ALLOWED FREQUENCY - KIE ADULTS rame Once every plan year Once every plan year Once every plan year Once every plan year	OTHER			
price; call 1.800.988.4221 REQUENCY ALLOWED FREQUENCY - ALLOWED FREQUENCY - KIE ADULTS rame Once every plan year Once every plan year Once every plan year Once every plan year	Hearing Care from Amplifon Network		Not covered	
ADULTS rame Once every plan year Once every plan year enses Once every plan year Once every plan year	LASIK or PRK from U.S. Laser Network		Not covered	
enses Once every plan year Once every plan year	FREQUENCY		ALLOWED FREQUENCY - KIDS	
	Frame	Once every plan year	Once every plan year	
ontact Lenses Once every plan year Once every plan year	Lenses	Once every plan year	Once every plan year	
	Contact Lenses	Once every plan year	Once every plan year	

(Plan allows member to receive either contacts and frame, or frames and lens services)

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be requ

Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from—independent eye doctors, your favorite retail stores, even online options.

Keep your eyes open for extra discounts*

Members already save an average 76% off retail using their EyeMed benefits, but our long list of special offers takes benefits even further.

Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

¹ Based on weighted average of sample transactions: EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$150 frame or contact lens allowance. 2021 EyeMed Commercial BOB stats.





This information is available broadly and is not plan or state specific.

Create a member account at eyemed.com/member

Everything is right there in one spot. Check claims and benefits, see special offers, estimate costs and find an eye doctor—search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed App (Google Play or App Store).





LENSCRAFTERS'





^{*}Discounts are not insurance. Available at participating providers.