



Pediatric vision

Pediatric vision coverage is one of the 10 Essential Health Benefits (EHBs) required to be included in all small group health insurance policies by the federal Affordable Care Act (ACA).

Here are a few details about how your small group pediatric vision coverage works (also refer to chart below):

Deductible does not apply unless the plan is an HSA.

Members must use the EyeMed Select provider network to access the pediatric vision benefits. Out-of-network benefits are not available. Locate participating providers by selecting "PriorityVision" in our online [Find a Doctor directory](#).

Frames are limited to a pre-specified selection. The EyeMed providers will direct you to the covered frames you can choose from. You cannot select a non-covered frame and elect to pay the difference.

Questions? Contact EyeMed at 877.572.4001 or customer service at 800.942.0954.

Pediatric vision services

(For members under age 19 only)

Benefit	Non-HSA coverage	HSA coverage
Vision exam including dilation if professionally indicated	Covered in full up to one exam per contract year Deductible does not apply	Covered in full up to one exam per contract year Deductible applies
Select eyeglass frames (wire, plastic or metal)	Covered in full up to one frame per contract year Deductible does not apply	Covered in Full up to one frame per Contract Year Deductible applies
Eyeglass lenses	Covered in full up to one pair per contract year Deductible does not apply	Covered in full up to one pair per contract year Deductible applies
Contact lenses In lieu of eyeglass frames and eyeglass lenses (includes contact lens materials only)	Covered in full for provider-designated lenses up to a benefit maximum of: Six-month supply of monthly or two-week disposable single-vision spherical or toric contact lenses per contract year, or Three-month supply of daily disposable, single-vision spherical contact lenses per contract year One pair of single-vision conventional contact lenses Deductible does not apply	Covered in full for provider-designated lenses up to a benefit maximum of: Six-month supply of monthly or two-week disposable single-vision spherical or toric contact lenses per contract year, or Three-month supply of daily disposable, single-vision spherical contact lenses per contract year One pair of single-vision conventional contact lenses Deductible applies