



# What's in it for me?

Options. It's simple really. We love our members—that's why we are dedicated to helping you see clearly and we've built a network that gives you lots of choices and flexibility. You can choose from independent doctors and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy to use and to save you money. Welcome to EyeMed.



eyemed.com

Benefits Snapshot	With Us	Out-of-Network Reimbursement
<b>Exam with dilation as necessary</b> (Once every 12 months)	\$10 Copay	Up to \$40
<b>Frames</b> (Once every 12 months)	\$0 Copay; \$120 allowance; 80% of charge over \$120	Up to \$84
<b>Single Vision Lenses</b> (Once every 12 months)	\$25 Copay	Up to \$30
Or		
<b>Contacts</b> (Once every 12 months)	\$0 Copay; \$120 allowance; plus balance over \$120	Up to \$120

## And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference . . .

**75% SAVINGS with us**

	With Us	Without Insurance**
Exam	\$10 Copay	Exam \$106
Frame	\$163 <u>-\$120 allowance</u> \$43 <u>-\$8.60 (20% discount off balance)</u> \$34.40	Frame \$163
Lens	\$25 Copay \$15 UV treatment add-on <u>+\$15 Scratch coating add-on</u> \$55	Lens \$78 \$23 UV treatment add-on <u>+\$25 Scratch coating add-on</u> \$126
<b>Total</b>	<b>\$99.40</b>	<b>\$395</b>

Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) 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; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) 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. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered—fund as a Bifocal lens. Standard Progressive lens covered—fund Premium Progressive as a Standard. Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same benefit year. \*\*Based on industry averages.



LENSCRAFTERS

