



# CARES

Take a sneak peek before enrolling

- You're on the **Insight** Network

- For a complete list of in-network providers near you, use our Enhanced Provider Locator on [eyemed.com](http://eyemed.com) or call 1-866-804-0982

- For LASIK providers, call 1-877-5LASER6

## SUMMARY OF BENEFITS

| Vision Care Services   | In-Network Member Cost   | Out of Network Reimbursement |
|--|--|------------------------------|
| <b>Frames</b>  | \$0 Copay; \$130 allowance, 20% off balance over \$130                   | Up to \$91                   |
| <b>Standard Plastic Lenses</b>   |  |                              |
| Single Vision  | \$20 Copay   | Up to \$30                   |
| Bifocal  | \$20 Copay   | Up to \$50                   |
| Trifocal   | \$20 Copay   | Up to \$70                   |
| Lenticular   | \$20 Copay   | Up to \$70                   |
| Standard Progressive Lens  | \$85 Copay   | Up to \$50                   |
| Premium Progressive Lens <sup>Δ</sup>  | \$105 Copay - \$85 Copay, 20% off charge less \$120 Allowance            | Up to \$50                   |
| Tier 1   | \$105 Copay  | Up to \$50                   |
| Tier 2   | \$115 Copay  | Up to \$50                   |
| Tier 3   | \$130 Copay  | Up to \$50                   |
| Tier 4   | \$85 Copay, 20% off charge less \$120 Allowance                          | Up to \$50                   |
| <b>Lens Options (paid by the member and added to the base price of the lens)</b> |  |                              |
| UV Treatment   | \$15   | N/A                          |
| Tint (Solid and Gradient)  | \$15   | N/A                          |
| Standard Plastic Scratch Coating   | \$15   | N/A                          |
| Standard Polycarbonate - age 19 and over   | \$40   | N/A                          |
| Standard Polycarbonate - under age 19  | \$40   | N/A                          |
| Standard Anti-Reflective Coating   | \$45   | N/A                          |
| Premium Anti-Reflective Coating <sup>Δ</sup>                                     | \$57 - \$68  | N/A                          |
| Tier 1   | \$57   | N/A                          |
| Tier 2   | \$68   | N/A                          |
| Tier 3   | 20% off Retail Price   | N/A                          |
| Photochromic/Transitions   | \$75   | N/A                          |
| Polarized  | 20% off Retail Price   | N/A                          |
| Other Add-Ons and Services   | 20% off Retail Price   | N/A                          |
| <b>Contact Lenses</b>  |  |                              |
| Conventional   | \$0 copay, \$130 allowance, 15% off balance over \$130                   | Up to \$130                  |
| Disposable   | \$0 copay, \$130 allowance, plus balance over \$130                      | Up to \$130                  |
| Medically Necessary  | \$0 copay, Paid-in-full  | Up to \$210                  |
| <b>Laser Vision Correction</b>   |  |                              |
| LASIK or PRK from U.S. Laser Network   | 15% off the retail price or 5% off the promotional price                 | N/A                          |
| <b>Additional Pairs Benefit</b>  |  |                              |
|  | Members also receive a 40% discount off complete pair eyeglass purchase  | N/A                          |
| <b>Hearing Care</b>  |  |                              |
| Hearing Health Care from Amplifon Hearing Network                                | 40% off hearing exams and low price guarantee on discounted hearing aids |                              |
| <b>Frequency</b>   |  |                              |
| Lenses (in lieu of contact lenses)   | Once every 12 months   |                              |
| Contacts (in lieu of lenses)   | Once every 12 months   |                              |
| Frame  | Once every 24 months   |                              |

<sup>Δ</sup>Frame, Lens & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.

QL-0000051957

<sup>Δ</sup> 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. 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; 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. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.



## Additional discounts

**40% OFF**

Complete pair of prescription eyeglasses

**20% OFF**

Non-prescription sunglasses

**20% OFF**

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

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## SUMMARY OF BENEFITS

| Vision Care Services  | In-Network Member Cost   | Out of Network Reimbursement |
|---|--|------------------------------|
| <b>Exam With Dilation as Necessary</b>  | \$10 Copay   | Up to \$40                   |
| <b>Retinal Imaging</b>  | Up to \$39   | N/A                          |
| <b>Frames</b>   | \$0 Copay; \$175 allowance, 20% off balance over \$175                   | Up to \$123                  |
| <b>Standard Plastic Lenses</b>  |  |                              |
| Single Vision   | \$10 Copay   | Up to \$30                   |
| Bifocal   | \$10 Copay   | Up to \$50                   |
| Trifocal  | \$10 Copay   | Up to \$70                   |
| Lenticular  | \$10 Copay   | Up to \$70                   |
| Standard Progressive Lens   | \$10 Copay   | Up to \$88                   |
| Premium Progressive Lens <sup>Δ</sup>   | \$30 Copay - \$10 Copay, 20% off retail less \$120 Allowance             | Up to \$88                   |
| Tier 1  | \$30 Copay   | Up to \$88                   |
| Tier 2  | \$40 Copay   | Up to \$88                   |
| Tier 3  | \$55 Copay   | Up to \$88                   |
| Tier 4  | \$10 Copay, 20% off retail less \$120 Allowance                          | Up to \$88                   |
| <b>Lens Options</b> (paid by the member and added to the base price of the lens)  |  |                              |
| UV Treatment  | \$15   | N/A                          |
| Tint (Solid and Gradient)   | \$15   | N/A                          |
| Standard Plastic Scratch Coating  | \$15   | N/A                          |
| Standard Polycarbonate - age 19 and over  | \$40   | N/A                          |
| Standard Polycarbonate - under age 19   | \$40   | N/A                          |
| Standard Anti-Reflective Coating  | \$45   | N/A                          |
| Premium Anti-Reflective Coating <sup>Δ</sup>  | \$57 - \$68  | N/A                          |
| Tier 1  | \$57   | N/A                          |
| Tier 2  | \$68   | N/A                          |
| Tier 3  | 20% off Retail Price   | N/A                          |
| Photochromic/Transitions  | \$75   | N/A                          |
| Polarized   | 20% off Retail Price   | N/A                          |
| Other Add-Ons and Services  | 20% off Retail Price   | N/A                          |
| <b>Contact Lens Fit and Follow-up</b> (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.) |  |                              |
| Standard Contact Lens Fit & Follow-Up:  | \$40   | N/A                          |
| Premium Contact Lens Fit & Follow-Up:   | 10% off Retail Price   | N/A                          |
| <b>Contact Lenses</b> (Contact Lens allowance includes materials only)  |  |                              |
| Conventional  | \$0 copay, \$175 allowance, 15% off balance over \$175                   | Up to \$175                  |
| Disposable  | \$0 copay, \$175 allowance, plus balance over \$175                      | Up to \$175                  |
| Medically Necessary   | \$0 copay, Paid-In-Full  | Up to \$210                  |
| <b>Laser Vision Correction</b>  |  |                              |
| LASIK or PRK from U.S. Laser Network  | 15% off the retail price or 5% off the promotional price                 | N/A                          |
| <b>Hearing Care</b>   |  |                              |
| Hearing Health Care from Amplifon Hearing Network   | 40% off hearing exams and low price guarantee on discounted hearing aids |                              |
| <b>Frequency</b>  |  |                              |
| Examination   | Once every 12 months   |                              |
| Lenses (in lieu of contact lenses)  | Once every 12 months   |                              |
| Contacts (in lieu of lenses)  | Once every 12 months   |                              |
| Frame   | Once every 12 months   |                              |

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# Get more and see more with EyeMed



### CHOOSE A DOC

EyeMed members choose from the right mix of thousands of providers—independent eye doctors, your favorite retail stores and everything in between. Find your ideal fit at [eyemed.com](http://eyemed.com) or the EyeMed Members App.



### CREATE AN ACCOUNT

Get special offers with an account on [eyemed.com](http://eyemed.com). Enter your email, choose a password and sign up for emailed savings. Log in 24/7 to view your benefit details or health and wellness information.



### MOBILIZE YOUR BENEFITS

The EyeMed Members App makes your benefits easy to understand—and even easier to use. Find an eye doctor near you, schedule an appointment and manage your vision benefits.

on eye exams and glasses for EyeMed members\*

Learn more about enrolling in EyeMed vision benefits at [enroll.eyemed.com](http://enroll.eyemed.com) and see more of the good stuff

\*Based on a sample transaction on the Insight network with a covered exam and eyewear benefits

