

# 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,<sup>1</sup> 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.

\*Discounts are not insurance. Available at participating providers. <sup>1</sup>Based on weighted average of sample transactions: EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$150 frame or contact lens allowance. 2022 EyeMed Commercial BOB stats.



## Create an account at [eyemed.com/member](https://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).

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

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INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS<sup>®</sup>

PEARLE  
EST. 1961  
VISION<sup>®</sup>

OPTICAL<sup>®</sup>

# Summary of benefits

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
<b>EXAM SERVICES</b>		
Exam with Dilation as Necessary	\$10 copay	Up to \$50
Retinal Imaging	Up to \$39	Not covered
<b>FRAME</b>		
Frame	\$0 copay, 20% off balance over \$150	Up to \$70
<b>STANDARD PLASTIC LENSES</b>		
Single Vision	\$0 copay	Up to \$50
Bifocal	\$0 copay	Up to \$71
Trifocal	\$0 copay	Up to \$86
Lenticular	\$0 copay	Up to \$100
Standard Progressive	\$55 copay	Up to \$71
Premium Progressive – Tier 1-3	\$75 - \$100 copay	Up to \$71
Premium Progressive – Tier 4	\$55 copay, 20% off retail less \$120 allowance	Up to \$71
<b>LENS OPTIONS</b>		
Standard Anti-Reflective Coating	\$45	Not covered
Premium Anti-Reflective Coating – Tier 1-2	\$57 - \$68	Not covered
Premium Anti-Reflective Coating – Tier 3	20% off retail price	Not covered
Photochromic – Non-Glass	\$75	Not covered
Standard Polycarbonate – Adult	\$40	Not covered
Standard Polycarbonate – Under 19	\$0 copay	Up to \$32
Standard Plastic Scratch Coating	\$15	Not covered
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered

# Summary of benefits

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
<b>CONTACT LENS FIT AND FOLLOW-UP</b>		
<i>Contact lens fit and follow-up visits are available once a comprehensive eye exam has been completed</i>		
Standard Fit and Follow-Up	Up to \$40	Not covered
Premium Fit and Follow-Up	10% off retail	Not covered
<b>CONTACT LENSES</b>		
<i>Contact lenses allowance includes materials only</i>		
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	Up to \$105
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	Up to \$105
Medically Necessary	\$0 copay	Up to \$210
<b>OTHER</b>		
Hearing Care from Amplifon Network	Up to 66% off hearing aids; call 1.877.203.0675	Not Covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not Covered
<b>FREQUENCY</b>		<b>Allowed Frequency - Adults</b>
Exam		Once every 12 months
Lenses (in lieu of contact lenses)		Once every 24 months
Contact Lenses (in lieu of lenses)		Once every 24 months
Frame		Once every 24 months

**40% OFF**

additional complete pair of prescription eyeglasses\*

**20% OFF**

non-prescription sunglasses\*

**20% OFF**

remaining balance beyond plan coverage\*



## Find an in-network provider

### INSIGHT NETWORK

- CALL 866.804.0982
- VISIT [eyemed.com/member](http://eyemed.com/member)
- DOWNLOAD the EyeMed Members App
- FOR LASIK call 1.800.988.4221

To learn more about all the benefits available to you under the vision plan, create an account at [eyemed.com/member](http://eyemed.com/member)



Benefits are not provided from services or materials arising from: Orthopic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures; Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; 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; Plano (non-prescription) lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; 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. 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 benefits 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. 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.  $\Delta$ 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. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.