

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Copay	Up to \$35
Contact Lens Fit and Follow-Up <i>(Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)</i>		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A
Frames	\$120 allowance; 20% off retail price over \$120	Up to \$48
Standard Plastic Lenses		
Single Vision	\$25 Copay	Up to \$25
Bifocal	\$25 Copay	Up to \$40
Trifocal	\$25 Copay	Up to \$60
Standard Progressive Lens	\$90	Up to \$40
Premium Progressive	\$90, 80% of charge less \$120 Allowance	Up to \$40
Lens Options <i>(paid by the member and added to the base price of the lens)</i>		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses		
Conventional	\$135 allowance; 15% off retail price over \$135	Up to \$95
Disposable	\$135 Allowance; plus balance over \$135	Up to \$95
Medically Necessary	\$0 Copay; Paid in Full	Up to \$200
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Additional Pairs Discount	Members also receive a 40% discount off complete pair eyeglass purchase and 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	
Premiums - monthly		
Subscriber	6.28	
Subscriber + Spouse	11.92	
Subscriber + Children	12.56	
Subscriber + Family	18.48	

Want to learn more?

- For a complete list of providers near you, use our Provider Locator on www.eyemedvisioncare.com and choose the ACCESS network or call 1-866-723-0596.
- For Lasik providers, call 1-877-5LASER6.

Additional Discounts and Features:

- 40% off additional eyewear purchases.
- 20% off non-prescription sunglasses.
- 20% off remaining balance beyond plan coverage.
- Laser vision correction - 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.

Save on eye exams, eyeglasses, contact lenses and time.

Because vision care should be simple.



Everyone needs proper vision care. But you've got a job to do and a life to live. That's why at EyeMed Vision Care, we design our benefits to fit the way you live, work and play.

Balancing eye health and vision wellness with overall health care.

- Besides measuring your vision, regular eye exams can help identify early signs of serious health conditions like diabetes, heart disease and high blood pressure.

See well, look great and save!

- Enjoy the freedom to choose from top brand-name frames that fit your lifestyle.
- Select the latest in contact lens technology.
- Receive value above and beyond the benefit, including unlimited 40 percent off additional complete pairs of eyewear. You never have to pay full price for eyewear needs.

It's vision care, on your terms.

- Find the eye care professional that's right for you, with access to thousands of independent eye doctors and top optical retailers across the country.
- Schedule appointment times that fit your schedule; weekdays, plus evenings and weekends.
- Find answers when you need them—our customer care agents are available seven days a week to assist you.

Visit EyeMedVisionCare.com to learn more and to find an eye doctor near you.

EyeMed
VISION CARE®

LENSCRAFTERS® **PEARLEVISION** **Sears** **OPTICAL** JCPenney Optical **Private Practitioners**

Benefits are not provided for services or materials arising from: Orthoptic 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 eye or 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 and/or contact 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; Certain brand name Vision Materials in which the manufacturer imposes a no-discount policy; or 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.

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.