

Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam with Dilatation as Necessary	\$20 Copay	Up to \$35
Contact Lens Fit and Follow-Up		
Standard	Up to \$55	N/A
Premium	10% off retail price	N/A
Frames	\$0 Copay, \$100 Allowance; 20% off balance over \$100	Up to \$45
Standard Plastic Lenses		
Single Vision	\$20 Copay	Up to \$25
Bifocal	\$20 Copay	Up to \$40
Trifocal	\$20 Copay	Up to \$55
Lens Options (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	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Standard Progressive (Add-on to Bifocal)	\$65	N/A
Lenticular	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses		
<i>(Contact lens allowance includes materials only)</i>		
Conventional	\$0 Copay, \$115 Allowance; 15% off balance over \$115	Up to \$92
Disposables	\$0 Copay, \$115 Allowance; plus balance over \$115	Up to \$92
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 purchases and a 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	

Additional Purchases and Out-of-Pocket Discount:

Member will receive a 20% discount on remaining balance at Participating Providers beyond plan coverage; the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses.

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.

*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. 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.

Value Added Features:

In addition to the health benefits your EyeMed program offers, members also enjoy additional, value-added features including:

- **Eye Care Supplies** - Receive 20% off retail price for eye care supplies like cleaning cloths and solutions purchased at network providers (not valid on doctor's services or contact lenses).
- **Laser Vision Correction** - Save 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.
- **Replacement Contact Lens Purchases** - Visit www.eyemedcontacts.com to order replacement contact lenses for shipment to your home at less than retail price.

Your vision wellness program is administered by EyeMed, one of the leading vision benefits companies in the country. This plan allows you to improve your health through a routine eye exam, as well as save money on all your eye care needs. The plan is available through thousands of provider locations participating on the EyeMed ACCESS network.

To locate a provider near you, visit www.eyemedvisioncare.com and choose ACCESS from the provider locator drop-down box. For additional information you can call 1-866-723-0513.



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