

Insurance Savings Group

MOC	Vision Care Services	Member Cost In-Network	Out of Network Member Reimbursement up to:
	Exam With Dilation as Necessary	\$10 Copay	\$40
Proposed Benefits	Frames Any available frame at provider location	\$0 Copay; \$150 allowance, 20% off balance over \$150	\$105
EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company	<u>Contact Lenses</u> (<i>Contact Lens allowance includes materials only</i>) Conventional Disposable Medically Necessary	\$0 Copay, \$150 allowance, 15% off balance over \$150 \$0 Copay, \$150 allowance, plus balance over \$150 \$0 Copay, Paid-In-Full	\$150 \$150 \$210
Option 2 Exam and Materials Insight Network Fully Insured Employee Paid Funded Benefits	Single Vision Bifocal Trifocal Lenticular Standard Progressive Premium Progressive Tier 1 Premium Progressive Tier 2 Premium Progressive Tier 3 Premium Progressive Tier 4	\$25 Copay \$25 Copay \$25 Copay \$25 Copay \$80 Copay \$110 Copay \$120 Copay \$135 Copay \$200 Copay	\$30 \$50 \$70 \$50 \$50 \$50 \$50 \$50 \$50 \$50
Frequency Examination Once every 12 months Lenses (in lieu of contact lenses)	Covered Lens Options Standard Anti-Reflective Premium Anti-Reflective Tier 1 Premium Anti-Reflective Tier 2 Premium Anti-Reflective Tier 3 Standard Polycarbonate - under age 19	\$45 Copay \$57 Copay \$68 Copay \$85 Copay \$0 Copay	\$5 \$5 \$5 \$32
Once every 12 months <u>Contacts (in lieu of</u> <u>lenses)</u> Once every 12 months	Monthly Pate		

Framo	Monthly Rate		
<u>Frame</u> Once every 12 months	Subscriber	\$9.00	
	Subscriber + Spouse	\$15.00	
	Subscriber + Child(ren)	\$16.00	
	Subscriber + Family	\$23.00	

All plans are based on a 48-month contract term and 48-month rate guarantee

Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

EyeMed Vision Care reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, visit http://www.discovereyemed.com

Plan Details

Quote for group sitused in the State of CASouth and will be valid until the 8/1/2018 implementation date. Date Quoted 6/27/2018. Benefit allowances provide no remaining balance for future use within the same benefit frequency. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Insured benefits are underwritten by Fidelity Security Life Insurance Company. Policy Number VC-19; Policy Form No. M-9083

Plan Exclusions

No benefits will be paid for services or materials connected with or changes 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 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 services rendered to the Insured Person are within 31 days from the date of such order; or

-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.

Insurance Savings Group Saving our members some extra green

We're committed to keeping money in our members' pockets.

That's why we offer our members additional discounts above the proposed plan benefits.

Additional Discounts

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40% off

additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

20% off

any item not covered by the plan, including non-prescription sunglasses

Lasik

Lasik or PRK from US Laser Network 15% off retail price or 5% off promotional price

Hearing Care

Amplifon Hearing Health Care Network 40% off hearing exams and a low price guarantee on discounted hearing aids

Vision Care Services	Member Cost In-Network		
Discounted Exam Services			
Retinal Imaging Benefit	Up to \$39		
Contact Lens Fit and Follow-up (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		
Premium Contact Lens Fit & Follow-Up:	10% off retail price		
Discounted Lens Options Photochromic (Plastic)	\$75		
Tint (Solid & Gradient)	\$15		
UV Treatment	\$15		
Standard Plastic Scratch Coating	\$15		
Standard Polycarbonate - age 19 and over	\$40		

Other Add-on Services and Materials

20% off Retail Price

Discount Details

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses.

Plan discounts cannot be combined with any other discounts or promotional offers.

In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate.

Discounts on vision materials may not be applicable to certain manufacturers' products

EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.

Service and amounts listed above are subject to change at any time

We've got you covered

Because you've got EyeMed, you've got choices. Whether you're looking for an independent doctor or a retail provider with extended evening and weekend hours, you can feel confident knowing there's an option just right for what you need. Here's a snapshot of eye doctors near you, but you'll want to check eyemed.com or the EyeMed Members App for the most up-to-date information.

Locations near 93309 for the InSight network

LENSCRAFTERS VALLEY SQUARE 2724 MING AVE BAKERSFIELD, CA 93304 661-836-0194

TARGET OPTICAL 9100 ROSEDALE HWY BAKERSFIELD, CA 93312 661-589-7745

JCPENNEY OPTICAL 2501 MING AVE BAKERSFIELD, CA 93304 661-835-7080

SEARS OPTICAL VALLEY PLAZA 3001 MING AVE BAKERSFIELD, CA 93304 661-831-7190

LENSCRAFTERS 9370 ROSEDALE HWY STE 100 BAKERSFIELD, CA 93312 661-213-3005

JANE LI 3001 MING AVE BAKERSFIELD, CA 93304 661-831-7190

VASUDHA BHUTANI OD 9100 ROSEDALE HWY BAKERSFIELD, CA 93312 661-589-7745

TARGET OPTICAL 11000 STOCKDALE HWY BAKERSFIELD, CA 93311 661-282-2836 STOCKDALE OPTOMETRY 3869 STOCKDALE HWY BAKERSFIELD, CA 93309 661-831-8952

STANTON OPTICAL 4492 MING AVE BAKERSFIELD, CA 93309 661-412-0065

GOLDEN STATE EYE MEDICAL GRO 1001 TOWER WAY STE 150 BAKERSFIELD, CA 93309 661-327-4499

LI & LIAO OPTOMETRY 1002 WIBLE RD STE 1 BAKERSFIELD, CA 93304 661-835-1104 EYEXAM OF CALIFORNIA

VALLEY SQUARE 2724 MING AVE BAKERSFIELD, CA 93304 661-836-0127

DR LOUIS ALLEN OD INC 1811 OAK ST STE 150 BAKERSFIELD, CA 93301 661-636-0581

BAKERSFIELD OPTICAL 3100 19TH ST STE 100 BAKERSFIELD, CA 93301 661-322-3937

OPTICAL EYEWEAR INC 2323 16TH ST STE 103 BAKERSFIELD, CA 93301 661-324-8836

EYEXAM OF CALIFORNIA 9370 ROSEDALE HWY STE 100 BAKERSFIELD, CA 93312 661-213-3005

4TH STREET WELLNESS CENTER 609 4TH ST BAKERSFIELD, CA 93304 661-215-1006

EV CONTACTS #701 3216 MING AVE FRNT BAKERSFIELD, CA 93304 661-834-0400

STERLING VISION CARE 3216 MING AVE STE D BAKERSFIELD, CA 93304 661-834-0400

EYEXAM OF CALIFORNIA 2100 WHITE LN BAKERSFIELD, CA 93304 661-379-6704 ACE EYECARE INC 1721 WESTWIND DR STE B BAKERSFIELD, CA 93301 661-215-1006

CENTRAL VALLEY EYE CARE 5000 PHYSICIANS BLVD STE 100 BAKERSFIELD, CA 93301 661-846-4985

DR STEVE RATTY OPTOMETRIST 2222 E ST STE 1 BAKERSFIELD, CA 93301 661-327-2681

PREMIER EYECARE OPTOMETRIC 3911 COFFEE RD STE B BAKERSFIELD, CA 93308 661-588-8222

LI & LIAO OPTOMETRY PC 9820 BRIMHALL RD UNIT 100 BAKERSFIELD, CA 93312 661-213-3000

THE VISION CENTER IN WAL-MART 8400 ROSEDALE HWY BAKERSFIELD, CA 93312 661-587-7482

TRIANGLE EYE INSTITUTE 9700 BRIMHALL RD STE 100 BAKERSFIELD, CA 93312 661-631-2020

THURMAN WOOD OD 4819 CALLOWAY DR STE 101 BAKERSFIELD, CA 93312 661-325-7738

INNOVATIVE EYE CARE OPTOMETR 4903 CALLOWAY DR STE 101 BAKERSFIELD, CA 93312 661-213-3310

BAKERSFIELD EYE CARE OPTOME 5535 CALLOWAY DR STE 100 BAKERSFIELD, CA 93312 661-589-9870

OILDALE COMMUNITY HEALTH CTR 525 ROBERTS LN BAKERSFIELD, CA 93308 800-300-6664

OMNI FAMILY HEALTH 210 N CHESTER AVE BAKERSFIELD, CA 93308 661-237-6600

CENTER STREET WELLNESS CENT 2951 CENTER ST BAKERSFIELD, CA 93306 661-215-1006 BAKERSFIELD EYE CARE OPT GRO 11320 MING AVE STE 360 BAKERSFIELD, CA 93311 661-847-9870

SOUTH CHESTER PARTNERSHIP 800 MING AVE BAKERSFIELD, CA 93307 661-215-1006

SABRINA GRAZIANO 5603 AUBURN ST UNIT A BAKERSFIELD, CA 93306 661-489-7765

WOLFGANG H RENKEN OD 1301 7TH ST WASCO, CA 93280 661-758-6320

OMNI FAMILY HEALTH 2101 7TH ST WASCO, CA 93280 800-300-6664

JAMES SIMONSON OD 417 CENTER ST TAFT, CA 93268 661-765-4270

MARK J PARK OD INC 919 13TH AVE DELANO, CA 93215 661-725-3795

DR JOHN E FAGAN 20231 VALLEY BLVD STE G TEHACHAPI, CA 93561 661-822-1212

TEHACHAPI OPTOMETRIC CENTER 20131 W VALLEY BLVD TEHACHAPI, CA 93561 661-822-6886

LARRY E WAGGONER OD 12134 MT MESA RD LAKE ISABELLA, CA 93240 760-379-3602

Eye exams offered by DPA/DTA or DEA-certified optometrists and ophthalmologists. All certifications are verified by and NCQA-accredited credentials verification organization Locations subject to change. When making your appointment, please confirm all discounts and services are offered.













Supersize your savings





Any frame, any brand at any price point for no out-of-pocket expense—a special offer from Target[®] Optical and Sears[®] Optical.* Plus, you also get \$20 off your contacts purchase (and free shipping) from ContactsDirect.com.

HOW IT WORKS — SAVINGS ON FRAMES

Simply go to your local Target Optical or Sears Optical store, find your frame (ANY available frame!) and you'll incur no cost.* And that means you have the freedom to find a great frame that matches your style and personality, while keeping money in your pocket.

HOW IT WORKS — SAVINGS ON CONTACT LENSES

When you visit ContactsDirect.com to purchase contact lenses, simply create an account and register your vision benefits. The \$20 savings will then automatically apply in your cart during checkout.

WHAT IT INCLUDES

With this special offer from Target Optical, Sears Optical and ContactsDirect, you can choose from a wide selection of frame and contact lens brands, including:



*A special offer from Target Optical and Sears Optical. Valid only on complete pairs of glasses, for each year of the initial contract term and in-store only at Target Optical and Sears Optical. Offer not valid at Sears Optical stores affiliated with US Vision. Member is still responsible for lenses, which are covered based on benefits outlined in the vision benefits and may include an additional copay. ** EyeMed analysis of business results, before and after offering Freedom Pass from Target Optical and Sears Optical, 2017.

WITH THE FREEDOM PASS OFFER:**



Utilization goes up



Your out-of-pocket costs go down



You get up to \$80 of added value each year on frames



You get \$20 of added value each year on contact lenses