



Vision Care Services	Member Cost In-Network	Out of Network Member Reimbursement up to:
Exam <i>With Dilatation as Necessary</i>	\$10 Copay	\$40
Frames <i>Any available frame at provider location</i>	\$0 Copay; \$150 allowance, 20% off balance over \$150	\$105
Contact Lenses <i>(Contact Lens allowance includes materials only)</i>		
Conventional	\$0 Copay, \$150 allowance, 15% off balance over \$150	\$150
Disposable	\$0 Copay, \$150 allowance, plus balance over \$150	\$150
Medically Necessary	\$0 Copay, Paid-In-Full	\$210
Standard Plastic Lenses		
Single Vision	\$25 Copay	\$30
Bifocal	\$25 Copay	\$50
Trifocal	\$25 Copay	\$70
Lenticular	\$25 Copay	\$70
Standard Progressive	\$80 Copay	\$50
Premium Progressive Tier 1	\$110 Copay	\$50
Premium Progressive Tier 2	\$120 Copay	\$50
Premium Progressive Tier 3	\$135 Copay	\$50
Premium Progressive Tier 4	\$200 Copay	\$50
Covered Lens Options		
Standard Anti-Reflective	\$45 Copay	\$5
Premium Anti-Reflective Tier 1	\$57 Copay	\$5
Premium Anti-Reflective Tier 2	\$68 Copay	\$5
Premium Anti-Reflective Tier 3	\$85 Copay	\$5
Standard Polycarbonate - under age 19	\$0 Copay	\$32
Monthly Rate		
Subscriber	\$9.00	
Subscriber + Spouse	\$15.00	
Subscriber + Child(ren)	\$16.00	
Subscriber + Family	\$23.00	

Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option 2

Exam and Materials

Insight Network

Fully Insured

Employee Paid

Funded Benefits

Frequency

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

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 situated 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.

Savings for Members

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

Additional Discounts

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

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