



Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

- Option Plan Match - 4
- Exam & Materials
- Insight Network
- Fully Insured
- Employee Paid
- Funded Benefits

Frequency

Examination

Once every plan year

Lenses (in lieu of contacts)

Once every plan year

Contacts (in lieu of lenses)

Once every plan year

Frame

Once every other plan year

| Vision Care Services | Member Cost In-Network | Out of Network Member Reimbursement |
|--|---|-------------------------------------|
| Exam <i>With Dilation as Necessary</i> | \$10 copay | Up to \$40 |
| Frames <i>Any available frame at provider location</i> | \$0 copay; 20% off balance over \$150 allowance | Up to \$105 |
| Contact Lenses <i>(Contact Lens allowance includes materials only)</i> | | |
| Conventional | \$0 copay; 15% off balance over \$150 allowance | Up to \$105 |
| Disposable | \$0 copay; plus balance over \$150 allowance | Up to \$105 |
| Medically Necessary | \$0 copay; Paid-In-Full | Up to \$210 |
| Standard Plastic Lenses | | |
| Single | \$0 copay | Up to \$30 |
| Bifocal | \$0 copay | Up to \$50 |
| Trifocal | \$0 copay | Up to \$70 |
| Lenticular | \$0 copay | Up to \$70 |
| Standard Progressive | \$55 copay | Up to \$50 |
| Premium Progressive Tier 1 | \$85 copay | Up to \$50 |
| Premium Progressive Tier 2 | \$95 copay | Up to \$50 |
| Premium Progressive Tier 3 | \$110 copay | Up to \$50 |
| Premium Progressive Tier 4 | \$175 copay | Up to \$50 |
| Covered Lens Options | | |
| Anti Reflective Coating - Standard | \$45 copay | Up to \$5 |
| Anti Reflective Coating - Premium Tier 1 | \$57 copay | Up to \$5 |
| Anti Reflective Coating - Premium Tier 2 | \$68 copay | Up to \$5 |
| Anti Reflective Coating - Premium Tier 3 | \$85 copay | Up to \$5 |
| Polycarbonate - Standard - under 19 | \$0 copay | Up to \$5 |
| Monthly Rates | | |
| Subscriber | \$9.26 | |
| Subscriber + Spouse | \$17.59 | |
| Subscriber + Child(ren) | \$18.52 | |
| Subscriber + Family | \$27.22 | |

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.

Plan Details

Quote for group situated in the State of CA and will be valid until the 01/01/2020 implementation date. Date Quoted 10/07/2019. 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. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19, form number 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. 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.

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

Vision Care Services

Member Cost In-Network

Discounted Exam Services

Retinal Imaging

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.)

Fit and follow-up - Standard

\$40

Fit and follow-up - Premium

10% off retail price

Discounted Lens Options

Photochromic - Non-Glass

\$75

Polycarbonate - Standard

\$40

Scratch Coating - Standard Plastic

\$15

Tint - Solid or Gradient

\$15

UV Treatment

\$15

Other Add-on Services and Materials

20% off retail price

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

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