

## Vision benefits as you've never seen before



Get the most out of your vision insurance plan with these EyeMed highlights:

- Eye360 features a \$0 eye exam, additional dollars to spend on materials at PLUS providers.<sup>1</sup>
- Separate contact lens fit & follow-up coverage (leaving the entire allowance for materials)

Plus, with us, you always get–

### NETWORK

The largest network with the right mix of providers

- America's largest vision network<sup>2</sup> with the right mix of independent eye doctors and national and regional retail providers—so members can go where they want, when they want.
- In-network options for buying eyewear online at [glasses.com](https://www.glasses.com), [contactsdirect.com](https://www.contactsdirect.com), [lenscrafters.com](https://www.lenscrafters.com), [oakley.com](https://www.oakley.com), [targetoptical.com](https://www.targetoptical.com), [nuanceaudio.com](https://www.nuanceaudio.com) and [rayban.com](https://www.rayban.com) – with benefits applied directly in the shopping cart.
- Members save more at PLUS Providers<sup>1</sup>– in-network locations that add value on top of existing benefits



### BENEFITS

Freedom of choice and maximum value

- The freedom to choose any ophthalmic frame, lens or contact lens without restrictions at any of our retail providers, independent provider locations or online.
- Complimentary HealthyEyes wellness program keeps the focus on eye health with exam reminders and leading technology.
- Members can use their benefit on Nuance Audio glasses – a breakthrough dual hearing and vision solution.
- Members enjoy exclusive savings on LASIK, including up to \$1000 off at preferred providers or 5% off the in-store promotional price.<sup>3</sup>



### EXPERIENCE

Simple and transparent member experience with an eye on savings

- Cost transparency with our Know Before You Go cost estimator.
- Digital Tools like online scheduling<sup>4</sup>, a mobile app and personalized text alerts.
- Welcome kits, ID cards and open enrollment support to ensure employees understand their benefits.



We can't wait to work with you–

Contact at [kflannery@eyemed.com](mailto:kflannery@eyemed.com) with questions

<sup>1</sup> Not available in all states

<sup>2</sup> Based on the EyeMed Insight network, Spring 2022.

<sup>3</sup> Preferred lasik providers include LasikPlus, TLC Laser Eye Centers and The LASIK Vision Institute

<sup>4</sup> At select locations

## BENEFITS

- Standard + 360
- Exam & Materials
- Insight network
- Fully Insured
- Employer Paid

## MONTHLY RATES

- Subscriber \$5.22
- Subscriber + 1 \$11.20
- Subscriber + Family \$16.85

## SUMMARY OF BENEFITS

| Vision Care Services  | In-Network Member Cost                                | Out-of-Network Member Reimbursement |
|---|---|-------------------------------------|
| <b>EXAM SERVICES</b> once every calendar year                               |   |                                     |
| <i>Exam at PLUS Providers</i>   | \$0 copay   | Up to \$40                          |
| Exam  | \$5 copay   | Up to \$40                          |
| <b>FRAME</b> in lieu of contacts once every calendar year                   |   |                                     |
| <i>Any available frame at PLUS Providers</i>                                | \$0 copay; 20% off balance over \$150 allowance       | Up to \$50                          |
| Frame   | \$0 copay; 20% off balance over \$100 allowance       | Up to \$50                          |
| <b>STANDARD PLASTIC LENSES</b> in lieu of contacts once every calendar year |   |                                     |
| Single Vision   | \$15 copay  | Up to \$30                          |
| Bifocal   | \$15 copay  | Up to \$50                          |
| Trifocal/Lenticular   | \$15 copay  | Up to \$70                          |
| Progressive – Standard  | \$80 copay  | Up to \$50                          |
| Progressive – Premium Tier I, II, or III                                    | \$100, \$110, \$125 copay                             | Up to \$50                          |
| Progressive – Premium Tier IV   | \$80 copay, 20% off retail price less \$120 allowance | Up to \$50                          |
| <b>LENS OPTIONS</b>   |   |                                     |
| Polycarbonate – Standard < 19 years of age                                  | \$0 copay   | Up to \$20                          |
| Tint – Solid or Gradient  | \$0 copay   | Up to \$8                           |
| <b>CONTACT LENSES</b> in lieu of frame and lenses once every calendar year  |   |                                     |
| <i>Contacts – Conventional at PLUS Providers</i>                            | \$0 copay; 15% off balance over \$150 allowance       | Up to \$100                         |
| Contacts – Conventional   | \$0 copay; 15% off balance over \$100 allowance       | Up to \$100                         |
| <i>Contacts – Disposable at PLUS Providers</i>                              | \$0 copay; 100% of balance over \$150 allowance       | Up to \$100                         |
| Contacts – Disposable   | \$0 copay; 100% of balance over \$100 allowance       | Up to \$100                         |
| Contacts – Medically Necessary  | \$0 copay; paid-in-full                               | Up to \$300                         |
| <b>ADDITIONAL GLASSES ALLOWANCE</b> once every calendar year                |   |                                     |
| <i>Glasses Allowance at PLUS Providers</i>                                  | 40% off retail*; 100% of balance over \$100           | Up to \$40                          |
| Glasses Allowance   | 40% off retail*; 100% of balance over \$50            | Up to \$40                          |

\*Complete pair (frame & lens with or without lens options) purchase required to receive 40% discount. 20% discount applied if complete pair not purchased.

All plans are based on a 48 month contract 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. The Plan reserves the right to make changes to the products available on each tier.





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

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

| VISION CARE SERVICES | IN-NETWORK MEMBER COST |
|----------------------|------------------------|
|----------------------|------------------------|

|                      |  |
|----------------------|--|
| <b>EXAM SERVICES</b> |  |
|----------------------|--|

|                 |            |
|-----------------|------------|
| Retinal Imaging | Up to \$39 |
|-----------------|------------|

|                                       |  |
|---------------------------------------|--|
| <b>CONTACT LENS FIT AND FOLLOW-UP</b> |  |
|---------------------------------------|--|

|                              |                      |
|------------------------------|----------------------|
| Fit and Follow-Up - Standard | Up to \$40           |
| Fit and Follow-Up - Premium  | 10% off retail price |

|                     |  |
|---------------------|--|
| <b>LENS OPTIONS</b> |  |
|---------------------|--|

|                                       |                      |
|---------------------------------------|----------------------|
| Anti Reflective Coating - Standard    | \$45                 |
| Anti Reflective Coating - Prem Tier 1 | \$57                 |
| Anti Reflective Coating - Prem Tier 2 | \$68                 |
| Anti Reflective Coating - Prem Tier 3 | 20% off retail price |
| Photochromic - Non-Glass              | \$75                 |
| Polycarbonate - Standard              | \$40                 |
| Scratch Coating - Standard Plastic    | \$15                 |
| UV Treatment                          | \$15                 |
| All Other Lens Options                | 20% off retail price |

Members can get exclusive additional  
discounts and deals that are often  
stackable with their vision benefits  
at [eyemed.com/member](http://eyemed.com/member)<sup>4</sup>

**40%OFF**

additional pairs of glasses



**20%OFF**

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



**15%OFF**

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



**UP  
TO 66%OFF**

hearing aids, with an extended  
warranty and free batteries through  
Amplifon Hearing Health Care Network



#### DISCOUNT DETAILS

Discounts are not insured benefits. Member receives a 20% discount on items not covered by the insurance plan at EyeMed In-Network locations. 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. The Plan 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.