



AdHarmonics

More,
for less...

**40%
OFF**

Complete pair
of prescription
eyeglasses

**20%
OFF**

Non-prescription
sunglasses

**20%
OFF**

Remaining balance
beyond plan coverage

These discounts are for
in-network providers only

Hello,
Neighbor

Vision Care Services

Frames

Standard Plastic Lenses

Single Vision
Bifocal
Trifocal
Standard Progressive Lens
Premium Progressive Lens^Δ
Tier 1
Tier 2
Tier 3
Tier 4
Lenticular

Lens Options (paid by the member and added to the base price of the lens)

UV Treatment
Tint (Solid and Gradient)
Standard Plastic Scratch Coating
Standard Polycarbonate
Standard Polycarbonate - Kids under 19
Standard Anti-Reflective Coating
Premium Anti-Reflective Coating^Δ
Tier 1
Tier 2
Tier 3
Photochromic/Transitions
Polarized
Other Add-Ons and Services

Contact Lenses

Conventional
Disposable
Medically Necessary

Laser Vision Correction

Lasik or PRK from U.S. Laser Network

Frequency

Lenses or Contact Lenses
Frame

In-Network Member Cost

\$0 Copay; \$130 allowance; 80% of charge over \$130

\$25 Copay
\$25 Copay
\$25 Copay
\$25 Copay
\$45 Copay - \$70 Copay
\$45 Copay
\$55 Copay
\$70 Copay
\$25 Copay; 80% of charge less \$120 Allowance
\$25 Copay

\$15
\$15
\$15
\$40
\$0
\$45
\$57 - \$68
\$57
\$68
80% of charge
\$75
20% off retail price
20% off retail price

\$0 Copay; \$130 allowance; 15% off retail price over \$130
\$0 Copay; \$130 allowance; plus balance over \$130
\$0 Copay, Paid in Full

15% off the retail price or 5% off the promotional price

Once every 12 months
Once every 24 months

Out-of-Network Reimbursement

Up to \$74

Up to \$42
Up to \$78
Up to \$130
Up to \$140
Up to \$140
Up to \$140
Up to \$140
Up to \$140
Up to \$130

N/A
N/A
N/A
N/A
Up to \$26
N/A
N/A
N/A
N/A
N/A
N/A
N/A

Up to \$104
Up to \$104
Up to \$210

N/A

^ΔFrame, Lens & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.

- You're on the INSIGHT Network
- For a complete list of providers near you, use our Provider Locator on www.eyemed.com and choose the INSIGHT network or call 1-866-804-0982.
- For Lasik providers, call 1-877-5LASER6 or visit eyemedlasik.com.

^ΔPremium 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.

A new angle on wellness

Vision care isn't just for people who wear glasses or contacts. It's for everyone. Sure, an eye exam can check for vision problems, but it can also detect other health concerns like high blood pressure, diabetes and high cholesterol - just to name a few. If you've got eyes, we're for you.



eye
Med

What's in it for me?

Options. It's simple really. We love our members—that's why we are dedicated to helping you see clearly and we've built a network that gives you lots of choices and flexibility. You can choose from independent doctors and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy to use and to save you money. Welcome to EyeMed.



eyemed.com

Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) 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; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) 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. 10) 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. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same benefit year.



LENSCRAFTERS®





Enrollment/Change Form

Please print and complete all sections.
See instructions below.

EMPLOYER INFORMATION: To be Completed by Employer

Group Number	Employer Name	Location Code	Division Code	Client CO Code	Effective Date
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EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)

<input type="checkbox"/> ADD <input type="checkbox"/> TERM <input type="checkbox"/> CHG	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Member ID	Last Name (Employee or subscriber)	First Name	M.I.	Date of Birth
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Social Security #	Home Street Address	City/State/Zip	Home Phone ()
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FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name)

<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (spouse)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number

Employee Signature: _____ Date: _____

Instructions:

Employer name: Legal name of the employer.
Group Number: Provided by EyeMed or EyeMed representative.
Location code: Optional field for employers to track multiple locations.
Effective date: Date set by employer in accordance with EyeMed proposal. Employer also sets effective date for new adds during contract period.

Family Information: List only eligible family members who are enrolling.
Dependent eligibility is the same as employer's health plan.
(A) Add: Open (group) enrollment or new (individual) enrollment during the contract period.
(T) Terminate: To terminate enrollment.
(C) Change: A change of name, employee address or employee phone.