



## County of San Bernardino

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

- You're on the SELECT Network
- For a complete list of providers near you, use our Provider Locator on [eyemed.com](http://eyemed.com) or call 1-877-406-4146.
- For Lasik providers, call 1-877-5LASER6, or visit [eyemedlasik.com](http://eyemedlasik.com).

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
<b>Exam With Dilation as Necessary</b>	\$0 Copay	Up to \$48
<b>Contact Lens Fit and Follow-Up</b> (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A
<b>Retinal Imaging</b>	Up to \$39	N/A
<b>Frames</b>	\$0 Copay, \$120 Allowance, 20% off balance over \$120	Up to \$47
<b>Standard Plastic Lenses</b>		
Single Vision	\$0 Copay	Up to \$40
Bifocal	\$0 Copay	Up to \$55
Trifocal	\$0 Copay	Up to \$75
Lenticular	\$0 Copay	Up to \$125
Standard Progressive Lens	\$65	Up to \$70
Premium Progressive Lens <sup>4</sup>	\$85 - \$110	
Tier 1	\$85	Up to \$70
Tier 2	\$95	Up to \$70
Tier 3	\$110	Up to \$70
Tier 4	\$65, 80% of charge less \$120 Allowance	Up to \$70
<b>Lens Options</b> (paid by the member in addition to the price of the lenses)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate—Adults	\$20 Copay	Up to \$14
Standard Polycarbonate—Kids under 19	\$20 Copay	Up to \$14
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating <sup>4</sup>	\$57 - \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	80% of charge	N/A
Other Add-Ons and Services	20% off retail price	N/A
<b>Contact Lenses</b> (Contact lens allowance includes materials only.)		
Conventional	\$0 Copay, \$120 Allowance, 15% off balance over \$120	Up to \$85
Disposable	\$0 Copay, \$120 Allowance, plus balance over \$120	Up to \$85
Medically Necessary	\$0 Copay, Paid in Full	Up to \$250
<b>Laser Vision Correction</b>		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Additional Pairs Discount</b>		
	Members also receive a 40% discount off complete pair eyeglass purchase and 15% off conventional contact lenses once the funded benefit has been used.	N/A
<b>Frequency</b>		
Examination	Once every plan year	
Lenses or Contact Lenses	Once every plan year	
Frame	Once every plan year	

<sup>4</sup>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.



# 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 Snapshot	With Us	Out-of-Network Reimbursement
<b>Exam with dilation as necessary</b> (Once every plan year)	\$0 Copay	Up to \$48
<b>Frames</b> (Once every plan year)	\$0 Copay, \$120 Allowance; 20% off balance over \$120	Up to \$47
<b>Single Vision Lenses</b> (Once every plan year)	\$0 Copay	Up to \$40
<b>Or</b>		
<b>Contacts</b> (Once every plan year)	\$0 Copay, \$120 Allowance; plus balance over \$120	Up to \$85

## And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference . . .

**84%**  
**SAVINGS**  
with us

With Us		Without Insurance**	
Exam	\$0 Copay	Exam	\$106
Frame	\$163 <u>-\$120 Allowance</u> \$43 <u>-\$8.60 (20% discount off balance)</u> \$34.40	Frame	\$163
Lens	\$0 Copay \$15 UV treatment add-on <u>+\$15 Scratch coating add-on</u> \$30	Lens	\$78 \$23 UV treatment add-on <u>+\$25 Scratch coating add-on</u> \$126
<b>Total</b>	<b>\$64.40</b>	<b>Total</b>	<b>\$395</b>

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.

Benefit allowance provides no remaining balance for future use within the same benefit year. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. \*\*Based on industry averages.

