

| 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> <small>(Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)</small> |   |                              |
| Standard Contact Lens Fit & Follow-Up   | Up to \$40  | N/A                          |
| Premium Contact Lens Fit & Follow-Up  | 10% off retail  | 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 (Add-on to Bifocal) <sup>Δ</sup>   | \$91 - \$103  | Up to \$70                   |
| Tier 1  | \$91  | Up to \$70                   |
| Tier 2  | \$97  | Up to \$70                   |
| Tier 3  | \$103   | Up to \$70                   |
| Tier 4  | \$65, 80% of charge less \$120 Allowance  | Up to \$70                   |
| <b>Lens Options</b> <small>(paid by the member and added to the base price of the lens)</small>   |   |                              |
| UV Treatment  | \$15  | N/A                          |
| Tint (Solid and Gradient)   | \$15  | N/A                          |
| Standard Plastic Scratch Coating  | \$15  | N/A                          |
| Standard Polycarbonate—Adult  | \$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>Δ</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> <small>(allowance includes materials only)</small>  |   |                              |
| 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 retail price or 5% off promotional price  | N/A                          |
| <b>Additional Pairs Discount</b>  | Members also receive a 40% discount off complete pair eyeglass purchase and 15% discount off conventional contact lenses once the funded benefit has been used. |                              |
| <b>Frequency</b>  |   |                              |
| Examination   | Once every plan year  |                              |
| Lenses or Contact Lenses  | Once every plan year  |                              |
| Frame   | Once every plan year  |                              |

### Want to learn more?

- For a complete list of providers near you, use our Provider Locator on [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and choose the SELECT network or call 1-877-406-4146.
- For Lasik providers, call 1-877-5LASER6.

### Additional Discounts and Features:

- 40% off additional eyewear purchases.
- 20% off non-prescription sunglasses.
- 20% off remaining balance beyond plan coverage.
- Laser vision correction—15% off the retail price or 5% off the promotional price for Lasik or PRK procedures.



# Use your benefit and see great savings

## Cost for glasses with standard single-vision lenses

|  | With EyeMed | Without Vision Coverage** |
|--|-------------|---------------------------|
| Step 1: Get an Eye Exam                | \$0         | \$88                      |
| Step 2: Pick a Frame (allowance \$120) | \$0         | \$100                     |
| Selected a \$170 frame (20% discount)  | \$40        | \$70                      |
| Step 3: Pick a Lens                    | \$0         | \$75                      |
| Upgraded to Standard Polycarbonate     | \$20        | \$62                      |
| Added Tint                             | \$15        | \$25                      |
| Step 4: Total Cost                     | \$75        | \$420                     |

See the Savings

\$345, or a 82% savings

## Cost for glasses with standard progressive lenses

|  | With EyeMed | Without Vision Coverage** |
|--|-------------|---------------------------|
| Step 1: Get an Eye Exam                | \$0         | \$88                      |
| Step 2: Pick a Frame (allowance \$120) | \$0         | \$100                     |
| Selected a \$170 frame (20% discount)  | \$40        | \$70                      |
| Step 3: Pick a Lens                    | \$65        | \$194                     |
| Upgraded to Standard Polycarbonate     | \$20        | \$62                      |
| Added Tint                             | \$15        | \$25                      |
| Step 4: Total Cost                     | \$140       | \$539                     |

See the Savings

\$399, or a 74% savings

## Cost for disposable contact lenses

|                                 | With EyeMed | Without Vision Coverage** |
|---------------------------------|-------------|---------------------------|
| Step 1: Get an Eye Exam         | \$0         | \$88                      |
| Fit and Follow-Up               | \$40        | \$74                      |
| Step 2: Purchase Contact Lenses | \$200       | \$200                     |
| Allowance                       | \$120       | \$0                       |
| Step 3: Total Cost              | \$120       | \$362                     |

See the Savings

\$242, or a 67% savings

\*\*Based on industry averages. Retail prices and costs will vary by market and provider type. Premiums not included.

Visit [EyeMedVisionCare.com](http://EyeMedVisionCare.com) to learn more.

LENSCRAFTERS    JCPenney Optical 

**EyeMed**  
VISION CARE®

Benefits are not provided from services or materials 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 and/or contact 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; Certain brand name Vision Material in which the manufacturer imposes a no-discount policy; or 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. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency with 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. Δ 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. 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.