### Vision Care Services

- **Exam With Dilation as Necessary**
  - $10 Copay
- **Contact Lens Fit and Follow-Up**
  - Standard Contact Lens Fit & Follow-Up
  - Up to $55
  - 10% off retail
  - Premium Contact Lens Fit & Follow-Up
  - N/A
  - N/A
- **Frames**
  - Standard Plastic Lenses
    - Single Vision
    - $25 Copay
    - $25 Copay
    - Bifocal
    - $25 Copay
    - Trifocal
    - $25 Copay
    - Standard Progressive Lens
    - $110 Copay – $135 Copay
    - Premium Progressive Lens
    - $110 Copay
    - Tier 1
    - $120 Copay
    - Tier 2
    - $135 Copay
    - Tier 3
    - $90 Copay, 80% of charge less $120 allowance
    - Tier 4
    - $25 Copay
    - Lenticular

### Lens Options

- **UV Treatment**
  - $15
- **Tint (Solid and Gradient)**
  - $15
- **Standard Plastic Scratch Coating**
  - $15
- **Standard Polycarbonate**
  - $40
- **Standard Polycarbonate - Kids under 19**
  - $40
- **Standard Anti-Reflective Coating**
  - $45
- **Premium Anti-Reflective Coating**
  - Tier 1
  - $57
  - Tier 2
  - $68
  - Tier 3
  - 80% of charge
  - Photochromic/Transitions
  - $75
  - Polarized
  - 20% off retail price
  - Other Add-Ons and Services
  - 20% off retail price

### Contact Lenses

- **Conventional**
  - $0 Copay, $130 allowance, 15% off retail price over $130
- **Disposable**
  - $0 Copay, $130 allowance, plus balance over $130
- **Medically Necessary**
  - $0 copay, Paid in Full

### Laser Vision Correction

- **Lasik or PRK from U.S. Laser Network**
  - 15% off the retail price or 5% off the promotional price

### Frequency

- **Examination**
  - Once every 12 months
- **Lenses or Contact Lenses**
  - Once every 12 months
- **Frame**
  - Once every 12 months

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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

### More, for less...

Hello, Neighbor

- 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.

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*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.

### Benefits Snapshot

<table>
<thead>
<tr>
<th>With Us</th>
<th>Out-of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam with dilation as necessary (Once every 12 months)</td>
<td>$10 Copay</td>
</tr>
<tr>
<td>Frames (Once every 12 months)</td>
<td>$0 Copay; $130 allowance; 20% off retail price over $130</td>
</tr>
<tr>
<td>Single Vision Lenses (Once every 12 months)</td>
<td>$25 Copay</td>
</tr>
<tr>
<td>Or Contacts (Once every 12 months)</td>
<td>$0 Copay; $130 allowance; plus balance over $130</td>
</tr>
</tbody>
</table>

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 . . .

### 77% SAVINGS with us

<table>
<thead>
<tr>
<th>With Us</th>
<th>Without Insurance**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$10 Copay</td>
</tr>
<tr>
<td>Frame</td>
<td>$163</td>
</tr>
<tr>
<td>Lens</td>
<td>$25 Copay</td>
</tr>
<tr>
<td></td>
<td>$15 UV treatment add-on</td>
</tr>
<tr>
<td></td>
<td>+$15 Scratch coating add-on</td>
</tr>
<tr>
<td></td>
<td>$55</td>
</tr>
<tr>
<td>Total</td>
<td>$91.40</td>
</tr>
</tbody>
</table>

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; 4) Safety eyewear; 5) 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; 6) Plano (non-prescription) lenses and/or contact lenses; 7) Non-prescription sunglasses; 8) Two pair of glasses in lieu of bifocals. 9) Services or materials provided by any other group benefit plan providing vision care. 10) Visio 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. 11) Last or broken lenses, frames, glasses, contact lenses will not be replaced except in the next benefit frequency. 12) Benefits may be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered as a standard. Premium progressives and premium anti-reflective designs are subject to annual review. Based on industry averages.