



Want to learn more?

- For a complete list of providers near you, use our Provider Locator on www.eyemedvisioncare.com and choose the SELECT network or call 1-855-779-5046.
- For Lasik providers, call 1-877-5LASER6.

Additional In-Network Discounts and Features:

- 40% off additional eyewear purchases.
- 20% off non-prescription sunglasses.
- 20% discount on items not covered by the plan.
- Laser vision correction—15% off the retail price or 5% off the promotional price for Lasik or PRK procedures.

Other:

- Order replacement contact lenses by mail at: www.eyemedcontacts.com†

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$0 Copay	Up to \$30
Contact Lens Fit and Follow-Up <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 85% of Charge	N/A
Premium Contact Lens Fit & Follow-Up	Up to 85% of Charge	N/A
Frames ∞	80% of balance over \$50	Up to \$50 on Frame and Lens
Standard Plastic or Glass Lenses		
Single Vision	80% of balance over \$50	
Bifocal	80% of balance over \$50	
Trifocal	80% of balance over \$50	
Lenticular	80% of balance over \$50	
Standard Progressive Lens	80% of balance over \$50	
Premium Progressive Lens	80% of balance over \$50	
Lens Options <small>(paid by the member and added to the base price of the lens)</small>		
UV Treatment	80% of Charge	
Tint (Solid and Gradient)	80% of Charge	
Standard Plastic Scratch Coating	80% of Charge	
Standard Polycarbonate—Adults	80% of Charge	
Standard Polycarbonate—Kids under 19	80% of Charge	
Standard Anti-Reflective Coating	80% of Charge	
Polarized	80% of Charge	
Other Add-Ons and Services	80% of Charge	
Contact Lenses <small>(allowance includes materials only) ∞</small>		
Conventional	85% of balance over \$50	Up to \$25
Disposable	Balance over \$50	Up to \$25
Medically Necessary*	Balance over \$150	Up to \$75
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	85% off Charge or 5% off promotional price	N/A
Additional Pairs Discount	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.	N/A
Frequency - In & Out-of-Network		
Examination	Once every calendar year	
Lenses or Contact Lenses	Once every calendar year	
Frame	Once every two calendar years	
Monthly Premium - In & Out-of-Network		
Employee	\$3.27	
Employee + Child(ren)	\$6.54	
Employee + Spouse	\$6.21	
Employee + Family	\$9.61	

Save on eye exams, eyeglasses, contact lenses and time.

Because vision care should be simple.

Everyone needs proper vision care. But you've got a job to do and a life to live. That's why at EyeMed Vision Care, we design our benefits to fit the way you live, work and play.

Balancing eye health and vision wellness with overall health care.

- Besides measuring your vision, regular eye exams can help identify early signs of serious health conditions like diabetes, heart disease and high blood pressure.

See well, look great and save!

- Enjoy the freedom to choose from top brand-name frames that fit your lifestyle.
- Select the latest in contact lens technology.
- Receive value above and beyond the benefit, including unlimited 40 percent off additional complete pairs of eyewear. You never have to pay full price for eyewear needs.

It's vision care, on your terms.

- Find the eye care professional that's right for you, with access to thousands of independent eye doctors and top optical retailers across the country.
- Schedule appointment times that fit your schedule; weekdays, plus evenings and weekends.
- Find answers when you need them—our customer care agents are available seven days a week to assist you.

Visit [EyeMedVisionCare.com](https://www.eyemedvisioncare.com) to learn more and to find an eye doctor near you.

LENSCRAFTERS    JCPenney Optical 



EyeMed
VISION CARE®

* If medically necessary as first contact lenses following cataract surgery, or multiple pairs of rigid contact lenses for treatment of keratoconus. General Limitations and Exclusions: Treatment of injury or illness covered by Workers' Compensation or Employer's Liability Laws. Services received without cost from any federal, state or local agency. This exclusion will not apply if prohibited by law. Cosmetic Surgery or procedures for purely cosmetic reasons. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the vision for treatment in any such facility. Services by a vision provider beyond the scope of his or her license. Vision services for which the patient incurs no charge. Vision services where charges for such services exceed the charge that would have been made and actually collected if no coverage existed. 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-9133TN. This is a snapshot of your benefits.

⁴ 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.



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Other:

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Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Copay	Up to \$45
Retinal Imaging	Up to \$39	N/A
Contact Lens Fit and Follow-Up <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 \$60	N/A
Premium Contact Lens Fit & Follow-Up	Up to \$60	N/A
Frames ∞	80% of balance over \$115	Up to \$70
Standard Plastic or Glass Lenses		
Single Vision	\$15 Copay	Up to \$30
Bifocal	\$15 Copay	Up to \$50
Trifocal	\$15 Copay	Up to \$65
Lenticular	\$15 Copay	Up to \$65
Standard Progressive Lens	\$55 Copay	Up to \$50
Premium Progressive Lens ^Δ	\$81 - \$93	Up to \$50
Tier 1	\$81	Up to \$50
Tier 2	\$87	Up to \$50
Tier 3	\$93	Up to \$50
Tier 4	\$55, 80% of charge less \$120 Allowance	Up to \$50
Lens Options <small>(paid by the member and added to the base price of the lens)</small>		
UV Treatment	\$10 Copay	Up to \$5
Tint (Solid and Gradient)	\$25	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate—Adults	\$30 Copay	Up to \$5
Standard Polycarbonate—Kids under 19	\$0 Copay	Up to \$5
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating ^Δ	\$57 - \$68	
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions Plastic	\$70	Up to \$5
Polarized	80% of Charge	N/A
Other Add-Ons and Services	80% of Charge	N/A
Contact Lenses <small>(allowance includes materials only)</small> ∞		
Conventional	85% of balance over \$130	Up to \$50
Disposable	Balance over \$130	Up to \$50
Medically Necessary*	\$0 Copay	Up to \$100
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	85% of Charge or 5% off promotional price	N/A
Additional Pairs Discount	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.	N/A
Frequency - In & Out-of-Network		
Examination	Once every calendar year	
Lenses or Contact Lenses	Once every calendar year	
Frame	Once every two calendar years	
Monthly Premium - In & Out-of-Network		
Employee	\$5.73	
Employee + Child(ren)	\$11.46	
Employee + Spouse	\$10.89	
Employee + Family	\$16.84	



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	\$10	\$88
Step 2: Pick a Frame (allowance \$115)	\$0	\$100
Selected a \$170 frame (20% discount)	\$44	\$70
Step 3: Pick a Lens	\$15	\$75
Upgraded to Standard Polycarbonate	\$30	\$62
Added Tint	\$25	\$25
Step 4: Total Cost	\$124	\$420

See the Savings

\$296, or a 71% savings

Cost for glasses with standard progressive lenses

	With EyeMed	Without Vision Coverage**
Step 1: Get an Eye Exam	\$10	\$88
Step 2: Pick a Frame (allowance \$115)	\$0	\$100
Selected a \$170 frame (20% discount)	\$44	\$70
Step 3: Pick a Lens	\$55	\$194
Upgraded to Standard Polycarbonate	\$30	\$62
Added Tint	\$25	\$25
Step 4: Total Cost	\$164	\$539

See the Savings

\$375, or a 70% savings

Cost for disposable contact lenses

	With EyeMed	Without Vision Coverage**
Step 1: Get an Eye Exam	\$10	\$88
Fit and Follow-Up	\$60	\$74
Step 2: Purchase Contact Lenses	\$200	\$200
Allowance	\$130	\$0
Step 3: Total Cost	\$140	\$362

See the Savings

\$222, or a 60% savings

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

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