



MISSVIC

SUMMARY OF BENEFITS

Additional discounts

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

Take a sneak peek before enrolling

- You're on the SELECT Network
- For a complete list of **in-network** providers near you, use our **Enhanced** Provider Locator on www.eyemed.com or call **1-866-299-1358**.
- For Lasik providers, call 1-877-5LASER6.

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Co-pay	Up to \$40
Frames	\$0 Co-pay; \$130 allowance; 20% off balance over \$130	Up to \$45
Standard Plastic Lenses		
Single Vision	\$25 Co-pay	Up to \$25
Bifocal	\$25 Co-pay	Up to \$40
Trifocal	\$25 Co-pay	Up to \$55
Standard Progressive Lens	\$90	Up to \$40
Premium Progressive Lens	\$90, 80% of charge less \$120 allowance	Up to \$40
Lenticular	\$25 Co-pay	Up to \$55
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0	Up to \$5
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and two 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	N/A
Contact Lenses		
Conventional	\$0 Co-pay; \$130 allowance; 15% off balance over \$130	Up to \$105
Disposable	\$0 Co-pay; \$130 allowance; plus balance over \$130	Up to \$105
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

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; 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. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent 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 help you access the care you need. Welcome to EyeMed.



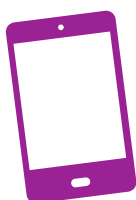
Benefits Snapshot	With EyeMed	Out-of-Network Reimbursement
Exam with dilation as necessary (Once every 12 months)	\$10 Co-pay	Up to \$40
Frames (Once every 24 months)	\$0 Co-pay; \$130 allowance; 20% off balance over \$130	Up to \$45
Single Vision Lenses (Once every 12 months)	\$25 Co-pay	Up to \$25
Or		
Contacts (Once every 12 months)	\$0 Co-pay; \$130 allowance; plus balance over \$130	Up to \$105

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

Here's an example of what you might pay for a pair of glasses with us 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...

81% SAVINGS with us*

With EyeMed	Without Insurance**
Exam \$10 Co-pay	Exam \$106
Frame \$163 <u>-\$130 allowance</u> \$33 <u>-\$6.60 (20% discount off balance)</u> \$26.40	Frame \$163
Lens \$25 Co-pay \$15 UV treatment add-on <u>+\$0 Scratch coating add-on</u> \$40	Lens \$78 \$23 UV treatment add-on <u>+\$25 Scratch coating add-on</u> \$126
Total \$76.40	Total \$395



Download the EyeMed Members App

It's the easy way to view your ID card, see benefit details and find a provider near you.



*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections. **Based on industry averages.



It's an easy ordering process:



Members will go to contactsdirect.com



They'll select their lenses from a wide selection of top selling brands



In-network vision benefits instantly apply to their purchase price



Contact lenses will ship as soon as the prescription is verified- most even ship that same day

Members can now use their contact lens allowance online

We know that even though employees are busy, they always have a mobile device ready or a computer nearby. That's why they can order contact lenses online using ContactsDirect when they need to - without leaving their homes. And the best part is that they can use their in-network benefits to make sure they're getting the best price around.

Plus, members can be sure that they can find what they need because ContactsDirect stocks the best selling brands. The site also offers a best-in-class user experience that allows users to view their eligibility and available allowance (with application directly in their shopping cart). All with fast, free shipping!

And don't worry, for members who still prefer to visit their eye doctor in person to purchase contacts lenses, nothing has changed. ContactsDirect is just one more way we're helping employees see life to the fullest.

73% of brokers agree that online, in-network options are of high value for their clients.**

Check out this new, online in-network benefit that you can offer to employees, visit us at

www.contactsdirect.com

*ContactsDirect will abide by state laws that pertain to contact lens. **EyeMed internal research study, 2014

*** Members whose prescriptions are more than a year old will need an updated prescription to make an online or in-person purchase using their benefits.

Supersize their savings



Any frame, any brand at any price point for no out-of-pocket expense – a special offer for your employees from Target® Optical and Sears® Optical.* Plus, members also get \$20 off their contacts purchase (and free shipping) from ContactsDirect.com.

HOW IT WORKS – SAVINGS ON FRAMES

Your employees will simply go to their local Target Optical or Sears Optical store, find their frame (ANY available frame!) and they'll incur no cost.* And that means they have the freedom to find a great frame that matches their style and personality, while keeping money in their pocket.

HOW IT WORKS – SAVINGS ON CONTACT LENSES

When members visit ContactsDirect.com to purchase contact lenses, they simply create an account and register their vision benefits. The \$20 savings will then automatically apply in their cart during checkout.

WHAT IT INCLUDES

With this special offer from Target Optical, Sears Optical and ContactsDirect, your employees can choose from a wide selection of frame and contact lens brands, including:



WITH THE
FREEDOM PASS OFFER:**



Utilization goes up



Member out-of-pocket
costs go down

*A special offer from Target Optical and Sears Optical. Valid for each year of the initial contract term and in-store only at Target Optical and Sears Optical. Offer not valid at Sears Optical stores affiliated with US Vision. Member is still responsible for lenses, which are covered based on benefits outlined in the vision benefits and may include an additional copay. **EyeMed analysis of business results, before and after offering Freedom Pass from Target Optical and Sears Optical, 2017.



Enrollment/Change Form

Please print in all capital letters using blue or black ink. Please complete all sections.

Required sections are marked with an *.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri

Employer Information: to be completed by Employer

Employer Name*	Effective Date**
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Group Number*	Subgroup*
<input type="text"/>	<input type="text"/>
Location Code	
<input type="text"/>	

**Date set by employer in accordance with EyeMed proposal. Employer also sets effective date for new adds during contract period.

Employee Information: to be completed by Employee

Change Type*: <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update	Member ID:		
<input type="text"/>	<input type="text"/>		
Last Name*	Date of Birth*		
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
First Name*	MI	Gender*	Phone Number
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Street Address*			
<input type="text"/>			
City*	State*	Zip Code*	Social Security Number**
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Employee Email Address:			<small>**Last four digits of Employee's Social Security Number are required.</small>
<input type="text"/>			

Family Information: to be completed by Employee. Only eligible dependents may be enrolled.

Dependent 1	Change Type*: <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update		
	Relationship*: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner		
Last Name*	Gender*:		
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
First Name*	MI	Social Security Number	Date of Birth*
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Dependent 2	Change Type*: <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update		
	Relationship*: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner		
Last Name*	Gender*:		
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
First Name*	MI	Social Security Number	Date of Birth*
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Dependent 3	Change Type*: <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update		
	Relationship*: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner		
Last Name*	Gender*:		
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
First Name*	MI	Social Security Number	Date of Birth*
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Dependent 4	Change Type*: <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update		
	Relationship*: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner		
Last Name*	Gender*:		
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
First Name*	MI	Social Security Number	Date of Birth*
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Employee Signature*: _____

Date*: / /