



EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Uses "Select" Network Providers and Facilities

| Vision Care Services | Member Cost | Out-of-Network | | |
|--|--|------------------|---------------------|---------------|
| Eye Exam (with Dilation as Necessary) | \$10 Copay | \$30 | | |
| Exam Options | | | | |
| Standard Contact Lens Fit and Follow-Up* | Up to \$40 | N/A | | |
| Premium Contact Lens Fit and Follow-Up** | 10% off Retail | | | |
| Frames | | | | |
| Any available frame at provider location | \$0 Copay; \$130 Allowance, 20% off balance over \$130 | \$65 | | |
| Standard Plastic Lenses | | | | |
| Single Vision | \$25 Copay | \$25 | | |
| Bifocal | \$25 Copay | \$40 | | |
| Trifocal | \$25 Copay | \$55 | | |
| Lens Options | | | | |
| UV Coating | \$15 | | | |
| Tint (Solid and Gradient) | \$15 | | | |
| Standard Scratch-Resistance | \$15 | N/A | | |
| Standard Polycarbonate | \$40 | | | |
| Standard Anti-Reflective Coating | \$45 | | | |
| Standard Progressive (Add-on Bifocal) | \$65 | | | |
| Other Add-Ons and Services | 20% off Retail Price | | | |
| Contact Lenses | | | | |
| (Contact lens allowance includes materials only) | | | | |
| Conventional | \$0 Copay; \$130 Allowance, 15% off balance over \$130 | \$104 | | |
| Disposable | \$0 Copay; \$130 Allowance, plus balance over \$130 | \$104 | | |
| Medically Necessary | \$0 Copay, Paid-in-Full | \$200 | | |
| Frequency | | | | |
| Examination | Once every 12 months | | | |
| Frame | Once every 24 months | | | |
| Lenses or Contact Lenses | Once every 12 months | | | |
| Most States 3-Tier Premiums | | | | |
| | Monthly | Bi-Weekly | Semi-Monthly | Weekly |
| Member | \$8.19 | \$3.78 | \$4.10 | \$1.89 |
| Member + 1 | \$15.60 | \$7.20 | \$7.80 | \$3.60 |
| Family (2+ Dependents) | \$22.88 | \$10.56 | \$11.44 | \$5.28 |
| Pay Periods | (12) | (26) | (24) | (52) |

All plans are based on a 24-month contract term and 24-month rate guarantee

* Standard Contact Lens Fitting - spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)

** Premium Contact Lens Fitting - all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)

ADDITIONAL DISCOUNTS

Member will receive a 20% discount on items not covered by the plan at network Providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location.

Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time use benefits; no remaining balance.

Lost or broken materials are not covered. Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision. Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location.

For a location near you and the discount authorization please call 1-877-5LASER6. After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com.

EXCLUSIONS & LIMITATIONS

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Services or materials provided by any other group benefit providing for vision care
- Services provided as a result of any Workers' Compensation law
- Two pair of glasses in lieu of bifocals
- Benefit is not available on certain frame brands in which the manufacturer imposes a no discount policy
- Aniseikonic lenses
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan

Some provisions, benefits, exclusions or limitations listed may vary by state. Not available in all states.

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EyeMed Vision Care® is underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, provided by Policy number VC-90, form number M-9083.

This is a snapshot of your benefits. The Certificate of Insurance is on file with the association.

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