CONFIRM RECEIPT OF YOUR NEW CARD
1-844-873-7853

www.eyemed.com
Member/Patient Services: (866) 800-5457
Insight Network
Company Name
SUSAN SAMPLE
Member ID: 123456
Group #: 1234567
Effective: 01/01/2018

Fully Insured and Underwritten by Fidelity Security Life Insurance Company

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CREATE AN ACCOUNT ONLINE TO VIEW BENEFITS AND SAVINGS ANYWHERE, ANYTIME

EYEACSS

EYEACS

Professional Providers Near You

OLIN V BURKHART O.D.
MONIKA SINGH M.D.
JAMES F VALENTI O.D.
TALLMAN EYE ASSOCIATES
24 MORRILL PLACE
AMESBURY MA 01913
(978) 688-6182

JANETTE L LIU O.D.
PEARLE VISION
90 PLEASANT VALLEY ST STE 250
METHUEN MA 01844
(978) 683-2020

SUSAN E RZEPKA O.D.
ALYSSA M TULIPANO O.D.
APPLETON EYE ASSOCIATES
11 A MACY ST
AMESBURY MA 01913
(978) 388-1060

KORAY T ARIN O.D.
TARGET OPTICAL
203 S BROADWAY
SALEM NH 03079
(603) 824-9702

SUSAN E RZEPKA O.D.
KEVIN M GASIOROWSKI O.D.
ALYSSA M TULIPANO O.D.
APPLETON EYE ASSOCIATES
77 MAIN ST
AMESBURY MA 01913
(978) 388-1060

PAULA M BERGERON O.D.
BRENDA J FOGARTY O.D.
LENSCRAFTERS
167 S BROADWAY
SALEM NH 03079
(603) 893-5323

MATTHEW D FOLEY O.D.
MATTHEW FOLEY
77 MACY ST STE 3B
AMESBURY MA 01913
(978) 792-4400

MARK C STEADMAN O.D.
JCPENNEY OPTICAL
81 ROCKINGHAM PARK BLVD
SALEM NH 03079
(603) 893-9460

- Locations subject to change. When making your appointment, please confirm all discounts and services are offered.

* Participating Doctors of Optometry located at or next to LensCrafters, Pearle Vision, Sears Optical and Target Optical are independent of, and not employed by, optical dispensary.

For a list of providers near you, go to www.eyemed.com

0227309-1-1-083117

The Certificate of Insurance is on file with your employer. Contact your employer to review a copy of the Certificate.

EYEMED VISION CARE BENEFIT

Service Type	Allowed Frequency - Adults	Allowed Frequency - Kids
Exam	Once every 12 months from the date of service	Once every 12 months from the date of service
Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service
Frames	Once every 24 months from the date of service	Once every 24 months from the date of service
Contact Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service

(Plan allows the member to receive either contacts and frame, or frame and lens services)

Vision Care Services	Member Cost In-Network	Out-of-Network Member Reimbursement
Exam Services		
Exam with Dilation as Necessary	$10 Copay	Up to $50
Retinal Imaging	Up to $39	
Contact Lens Fit and Follow-Up		
Fit and Follow-up Standard	Up to $40	
Fit and Follow-up Prem	10% off Retail Price	
Frames		
Frame	$0 Copay; 20% off balance over $130 Allowance	Up to $104
Lenses		
Single Vision	$25 Copay	Up to $42
Bifocal	$25 Copay	Up to $78
Trifocal	$25 Copay	Up to $130
Lenticular	$25 Copay	Up to $130
Progressive Standard	$75 Copay	Up to $140
Progressive Prem Tier 1 - 3	$95 - 120 Copay	Up to $196
Progressive Prem Tier 4	$75 Copay; 20% off Retail Price less $120 Allowance	Up to $196
Lens Options		
Anti Reflective Coating Standard	$45	
Anti Reflective Coating Prem Tier 1 - 2	$57 - 68	
Anti Reflective Coating Prem Tier 3	20% off Retail Price	
Photochromic Plastic	$75	
Polycarbonate Standard age 26+	$40	
Polycarbonate Standard under age 26	$0 Copay	Up to $32
Scratch Coating Standard Plastic	$15	
Tint Solid or Gradient	$15	
UV Treatment	$15	
All Other Lens Options	20% off Retail Price	
Contact Lenses		
Contacts Conventional	$0 Copay; 15% off balance over $130 Allowance	Up to $130
Contacts Disposable	$0 Copay; 100% of balance over $130 Allowance	Up to $130
Contacts Medically Necessary	$0 Copay	Up to $210
Other		
Doctor Misc Materials	20% off Retail Price	
Hearing Care from Amplifon network	Discounts on hearing exam and aids; call 1-844-526-5432	
Lasik or PRK From U.S. Laser Network	15% off retail or 5% off promo price; call 1-800-988-4221	

No benefits will be paid for services or materials connected with or charges 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; 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; any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; plano (non-prescription) 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; 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; or 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. Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

ADDED PERKS

Create an account online to get savings including discounts on frames, lenses and contacts at providers near you or online at Glasses.com and ContactsDirect.com.

If you lose or break your glasses while travelling abroad, call our International Customer Care Center day or night at 1-513-765-2870.

Notice of Privacy Practice: Your Notice of Privacy Practice can be obtained at any time by calling the phone number listed on your ID card or by visiting www.eyemed.com.

SUSAN SAMPLE
PO BOX 000
GARDNER MA 01440-1807

SAMPLE

EyeMed Member/Patient Services:
Visit your member website or call the number on the front of the card.

EyeMed Doctors/Providers only:
Visit eyemed.com to receive plan information or authorization online or call (800) 521-3605.

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL sears OPTICAL

Please detach carefully at perforation and keep card in your wallet.

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Please detach carefully at perforation and keep card in your wallet.

What

What is a copay? A fixed amount that you owe at the time of your visit. And, the remaining balance is on us! Flip this over to find out your copay.

What is an allowance? This is how much we give you for purchases. So if your allowance is $100 and you pick frames that are $150 - you owe $50. Simple math!

When

When can I use my benefits? Visit the website listed on the reverse side of this packet to see when your benefits go into effect.

How often can I use them? This is what we call frequency. It's the first line item in the chart on the other side of this page.

How

How do I save more money? You receive 40% off additional complete pairs of prescription eyeglasses and 20% off non-prescription sunglasses at any in-network provider. Plus, you can access new offers 24/7 when you create an account on our website.

How do I keep my current provider? Out of network? Not a problem. We'll cover some of that cost - flip for details.

Where

Where can I use my benefits? Check out the participating providers that are closest to you on the other side. Now that's convenient!

Where can I get more details? For the fine print, just flip this over. Need to read between the lines? Create an account on the website listed on your ID card to satisfy all your vision benefit needs.

Nice to see you

Register online to start using your benefits

- Find providers near you, view your benefits, see your claims, get special offers and more just by registering on the member website listed on the front of your ID card.
- Download the EyeMed Members App on your iPhone, iPad or Android to view your benefit details and ID card right when you need it.

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