

## **Benefits**

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option 1

Exam & Materials

Insight Network

Fully Insured

Employer Paid

**Funded Benefits** 

# Frequency

Examination
Once every plan year

<u>Lenses (in lieu of contacts)</u> Once every other plan year

Contacts (in lieu of lenses)
Once every other plan year

<u>Frame</u> Once every other plan year

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam at PLUS Providers	\$0 copay	Up to \$40
Exam	\$10 copay	Up to \$40
FRAME		
Any available frame at PLUS Providers	\$0 copay; 20% off balance over \$170 allowance	Up to \$84
Frame - Retail	\$0 copay; 20% off balance over \$120 allowance	Up to \$84
Frame - Wholesale*	\$0 copay; balance over \$84 allowance	Up to \$84
CONTACT LENSES		
(Contact Lens allowance includes materials	• • • • • • • • • • • • • • • • • • • •	
Contacts - Conventional	\$0 copay; 15% off balance over \$120 allowance	Up to \$84
Contacts - Disposable	\$0 copay; 100% of balance over \$120 allowance	Up to \$84
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
STANDARD PLASTIC LENSES		
Single Vision	\$0 copay	Up to \$30
Bifocal	\$0 copay	Up to \$50
Trifocal	\$0 copay	Up to \$70
Lenticular	\$0 copay	Up to \$70
Progressive - Standard	\$0 copay	Up to \$50
Progressive - Premium Tier 1	\$85 copay	Up to \$50
Progressive - Premium Tier 2	\$95 copay	Up to \$50
Progressive - Premium Tier 3	\$110 copay	Up to \$50
Progressive - Premium Tier 4	\$175 copay	Up to \$50
LENS OPTIONS		
Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$20

Available at wholesale providers, such as Costco Optical; discounts do not apply.

## **Archdiocese of San Francisco**

# Saving our members some extra green

We're committed to keeping money in our members' pockets.

That's why we offer our members additional discounts above the proposed plan benefits.

### **ADDITIONAL DISCOUNTS**

VISION CARE SERVICES IN-NETWORK
MEMBER COST

## \$avings for Members

## 40% off

additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

#### 20% off

any item not covered by the plan, including non-prescription sunglasses

#### Lasik

Lasik or PRK from US Laser Network 15% off retail price or 5% off promotional price

## **Hearing Care**

Through Amplifon Hearing Health Care Network, members receive up to 64% off hearing aids, an extended warranty, and free batteries

## **DISCOUNTED EXAM SERVICES**

Retinal Imaging Up to \$39

#### **CONTACT LENS FIT AND FOLLOW-UP**

(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)
Fit and Follow-up - Standard
Up to \$40
Fit and Follow-up - Premium
10% off retail price

#### **DISCOUNTED LENS OPTIONS**

Anti Reflective Coating - Standard	\$45
Anti Reflective Coating - Premium Tier 1	\$57
Anti Reflective Coating - Premium Tier 2	\$68
Anti Reflective Coating - Premium Tier 3	20% off retail price
Photochromic - Non-Glass	\$75
Polycarbonate - Standard	\$40
Scratch Coating - Standard Plastic	\$15
Tint - Solid or Gradient	\$15
UV Treatment	\$15

#### OTHER ADD-ON SERVICES AND MATERIALS

20% off retail price

#### **DISCOUNT DETAILS**

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 the 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. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits.

## MORE OF WHAT'S BEST, NOT MORE OF THE SAME

Get the most out of your vision plan with these EyeMed highlights:

- Eye360 features a \$0 eye exam and an additional \$50 added to your frame allowance at PLUS Providers1
- $\bullet$  Ability to use the frame and contact lens allowances in the same benefit year worth up to an extra \$120  $^2$
- Separate contact lens fit & follow-up coverage (leaving the entire allowance for materials)

Plus, with us, you also always get

THE VISION NETWORK EMPLOYEES WANT	BENEFITS THAT REDEFINE EXPECTATIONS	ABOVE ALL ELSE, WE MAKE BENEFITS EASY
America's largest vision network with the right mix of providers <sup>3</sup>	The freedom to choose any ophthalmic frame, lens or contact lens without restrictions at any of our retail providers, independent provider locations or online  Complimentary HealthyEyes wellness program that keeps the focus on eye health with online tools, articles and videos to make the conversation around vision even easier  Members-only savings on eyewear, LASIK, hearing aids and more with online options	Cost transparency with our Know Before You Go cost estimator
Several in-network options for buying eyewear online		Digital tools like online scheduling <sup>4</sup> , a mobile app and personalized text alerts

<sup>&</sup>lt;sup>1</sup> Not available in all states.

<sup>&</sup>lt;sup>2</sup> This document provides highlights of one or more EyeMed plans. Frame allowances may vary by plan. Please consult your EyeMed representative for details.

<sup>&</sup>lt;sup>3</sup> Based on the EyeMed Insight network, October 2020.

<sup>&</sup>lt;sup>4</sup> At select locations.