

Vision Care and Materials Rider

EyeMed Vision Care administers this benefit for vision care services and materials.

Members may call EyeMed Vision Care at 1-866-9-EyeMed (1-866-939-3633) for information or to locate a Participating Provider. Benefit information and provider access information may also be obtained through the Web site at www.eyemedvisioncare.com. EyeMed Vision Care Customer Service representatives are available Monday through Friday, 9 a.m. – 9 p.m. ET and Saturdays 9 a.m. – 5 p.m. ET.

Benefits & Cost

Each covered person is eligible to receive a routine eye examination, refraction; lenses and frames; or contact lenses once every 24 months from a participating EyeMed Vision Care provider. \$15 Copayment per eye examination and materials. Contact lens examinations require the eye examination Copayment plus the difference between the contact lens examination cost and the eyeglass examination cost. Lenses (single, vision, bifocal, trifocal) covered in full. Frames covered in full up to \$100 retail. Contact lenses (in lieu of glasses) covered in full up to \$100 retail.

Copayments or Coinsurance for covered services under this rider are not applied toward any Plan maximum out of pocket and must continue to be paid after the maximum is met.

Refer to the Discount Schedule on the next page for savings on lens treatment options. After your primary eyewear benefit is exhausted, you are eligible to purchase glasses and contacts in unlimited quantities at the discounted prices listed on the next page (cannot be combined with any other promotion).

How to receive services

Visit or call a participating provider in the EyeMed Vision Care network. Identify yourself as a participant by providing your member ID information. The participating optical provider will then verify your eligibility, your plan benefits and any fees that might apply.

Out-of-Network Coverage

When using provider that is not in the EyeMed Vision Care network for an examination, the member will be responsible for paying the provider in full at the time services are rendered. For reimbursement, contact Customer Service at 1-866-9-EyeMed (1-866-939-3633) for instructions on the reimbursement process. Members will be reimbursed \$30 for the eye examination only if received from an Out-of-Network provider.

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Laser Vision Correction Surgery

Members are eligible to receive 15% off "Standard" or "Usual & Customary" price of LASIK or PRK surgery from a U.S. Laser Network provider (or 5% off any promotional price if lower). Simply call 1-877-5LASER6 (1-877-552-7376) to begin the process and locate a provider.

Replacement Contact Lens by Mail Service

Contact eyemedcontacts.com at 1-800-508-1399 with the prescription to request replacement lens. There is a \$2.95 administration fee for the phone order service. However, there is no administration fee if lenses are ordered via the internet at eyemedcontacts.com. A Service Representative will assist with pricing and ordering. Upon release of the contact lens prescription by the eye care provider, member lenses will ship via UPS Standard delivery and should arrive approximately within 2-4 days. Faster shipping options are available at an additional cost.

Additional Information

Current members with questions regarding benefits should call Member Services at the number on the ID card. If considering enrolling for the first time and have questions, please consult with the group's Benefits Administrator. A Telecommunications Device for the Deaf (TDD) can be accessed by dialing 757-552-7120 or 1-800-225-7784.

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**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 area. For a location near you and to obtain discount authorization, please contact toll free at 1-877-5LASER6 (1-877-552-7376).

Members will receive a 20% discount on items purchased at participating Providers that are not specifically covered by this Discount design. The 20% discount may not be combined with any other discounts or promotional offers. The discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location.

This Discount design is offered with the EyeMed Select panel of providers and is based on a 24-month contract term. Not valid for groups domiciled in the state of Washington.

Limitations/ Exclusions:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment or safety eyewear unless specifically covered under plan
- Services provided as a result of any Worker's Compensation claim
- Discount is not available on frames where the manufacturer prohibits a discount

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A Defined Materials Discount

Vision Care Services	Member Cost
<i>Complete Pair of Glasses Purchase*: frame, lenses and lens options must be purchased in the same transaction to receive full discount.</i>	
Standard Plastic Lenses: Single Vision Bifocal Trifocal	\$50 \$70 \$105
Frames: Any frame available at provider location	40% off retail price
Lens Options: UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance Standard Polycarbonate Standard Progressive(Add-on to Bifocal) Standard Anti-Reflective Coating Other Add-Ons and Services	\$15 \$15 \$15 \$40 \$65 \$45 20% discount
Contact Lens Materials: (Discount applied to materials only) Disposable Conventional	No discount on disposable 15% off retail price
Laser Vision Correction**: Lasik or PRK	15% off retail price - or - 5% off promotional price

*Items purchased separately will be discounted 20% off of the retail price.