



VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
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**EXAM SERVICES**

Exam	\$0 copay	Up to \$50
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**FRAME**

Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$70
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**CONTACT LENSES**

*(Contact Lens allowance includes materials only)*

Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	Up to \$105
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	Up to \$105
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$210

**STANDARD PLASTIC LENSES**

Single Vision	\$20 copay	Up to \$50
Bifocal	\$20 copay	Up to \$75
Trifocal	\$20 copay	Up to \$100
Lenticular	\$20 copay	Up to \$125
Progressive - Standard	\$70 copay	Up to \$75
Progressive - Premium Tier 1	\$90 copay	Up to \$75
Progressive - Premium Tier 2	\$100 copay	Up to \$75
Progressive - Premium Tier 3	\$125 copay	Up to \$75
Progressive - Premium Tier 4	\$70 copay, 20% off retail price less \$120 allowance	Up to \$75

**LENS OPTIONS**

Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$5
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Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

- Option Renewal
- Exam & Materials
- Insight Network
- Fully Insured
- Employee Paid
- Funded Benefits

Frequency

**Examination**

Once every calendar year

**Lenses (in lieu of contacts)**

Once every calendar year

**Contacts (in lieu of lenses)**

Once every calendar year

**Frame**

Once every calendar year

Terms

**Contract Term**

48 months

**Rate Guarantee**

48 months

**MONTHLY RATES**

Subscriber	\$7.12
Subscriber + Spouse	\$9.90
Subscriber + Child(ren)	\$10.59
Subscriber + Family	\$16.94

Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. The Plan reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633.

**PLAN DETAILS**

Quote for group situated in the State of VA and will be valid until the 01/01/2022 implementation date. Date Quoted 09/14/2021. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9184.

**PLAN EXCLUSIONS/LIMITATIONS**

No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; 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; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; 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 that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state.

By signing below, the Group agrees to receive all documents and correspondence electronically and that the Group can access the internet or the email address provided. The Group understands that the Group may revoke this authorization or request specific paper documents without revoking this authorization by contacting EyeMed by mail, email, or telephone. If Guest Services, Inc. has chosen this benefit design, attach this document to the group application and sign here

Signature  
P201603 TC - 0

Date

Q-00031485 – QL-0000052924

# 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

#### 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

### Savings for Members

#### 40% off

additional pairs of safety 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

#### 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 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. The Plan 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.