



Vision Plan

Employee Only \$.68, Employee+1 \$1.26, Family \$1.84

National DCP, LLC- Franchisee

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Co-pay	Up to \$50
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay; \$130 allowance; 20% off balance over \$130	Up to \$74
Standard Plastic Lenses		
Single Vision	\$10 Co-pay	Up to \$42
Bifocal	\$10 Co-pay	Up to \$78
Trifocal	\$10 Co-pay	Up to \$130
Standard Progressive Lens	\$75	Up to \$140
Premium Progressive Lens ⁴	\$95 - \$120	
Tier 1	\$95	Up to \$196
Tier 2	\$105	Up to \$196
Tier 3	\$120	Up to \$196
Tier 4	\$75 Copay, 80% of charge less \$120 Allowance	Up to \$196
Lenticular	\$10 Co-pay	Up to \$130
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0	Up to \$12
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 19	\$0	Up to \$32
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating ⁴	\$57 - \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Contact Lenses		
Conventional	\$0 Co-pay; \$130 allowance; 15% off balance over \$130	Up to \$104
Disposable	\$0 Co-pay; \$130 allowance; plus balance over \$130	Up to \$104
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are for in-network providers only

Take a sneak peek before enrolling

- You're on the SELECT Network
- For a complete list of **in-network** providers near you, use our **Enhanced** Provider Locator on www.eyemed.com or call **1-866-299-1358**.
- For Lasik providers, call 1-877-5LASER6.

⁴Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) 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; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) 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. 10) 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. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Underwritten by Combined Insurance Company of America, 5050 Broadway, Chicago, IL 60640, except in New York. CICA Form # VN P63007 0801. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.



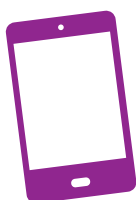
Benefits Snapshot	With EyeMed	Out-of-Network Reimbursement
Exam with dilation as necessary (Once every 12 months)	\$10 Co-pay	Up to \$50
Frames (Once every 24 months)	\$0 Co-pay; \$130 allowance; 20% off balance over \$130	Up to \$74
Single Vision Lenses (Once every 12 months)	\$10 Co-pay	Up to \$42
Or		
Contacts (Once every 12 months)	\$0 Co-pay; \$130 allowance; plus balance over \$130	Up to \$104

And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference...

**85%
SAVINGS
with us***

With EyeMed	Without Insurance**
Exam \$10 Co-pay	Exam \$106
Frame \$163 - \$130 allowance \$33 - \$6.60 (20% discount off balance) \$26.40	Frame \$163
Lens \$10 Co-pay \$15 UV treatment add-on + \$0 Scratch coating add-on \$25	Lens \$78 \$23 UV treatment add-on + \$25 Scratch coating add-on \$126
Total \$61.40	Total \$395



Download the EyeMed Members App

It's the easy way to view your ID card, see benefit details and find a provider near you.



*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections. **Based on industry averages.

Supersize their savings



Any frame, any brand at any price point for no out-of-pocket expense – a special offer for your employees from Target® Optical and Sears® Optical.* Plus, members also get \$20 off their contacts purchase (and free shipping) from ContactsDirect.com.

HOW IT WORKS – SAVINGS ON FRAMES

Your employees will simply go to their local Target Optical or Sears Optical store, find their frame (ANY available frame!) and they'll incur no cost.* And that means they have the freedom to find a great frame that matches their style and personality, while keeping money in their pocket.

HOW IT WORKS – SAVINGS ON CONTACT LENSES

When members visit ContactsDirect.com to purchase contact lenses, they simply create an account and register their vision benefits. The \$20 savings will then automatically apply in their cart during checkout.

WHAT IT INCLUDES

With this special offer from Target Optical, Sears Optical and ContactsDirect, your employees can choose from a wide selection of frame and contact lens brands, including:



WITH THE
FREEDOM PASS OFFER:**





Utilization goes up



Member out-of-pocket
costs go down




*A special offer from Target Optical and Sears Optical. Valid for each year of the initial contract term and in-store only at Target Optical and Sears Optical. Offer not valid at Sears Optical stores affiliated with US Vision. Member is still responsible for lenses, which are covered based on benefits outlined in the vision benefits and may include an additional copay. **EyeMed analysis of business results, before and after offering Freedom Pass from Target Optical and Sears Optical, 2017.

SEE THE VALUE

 <p>Coach HC6091B</p>	Retail cost of Coach frame	\$230
	Member frame cost without Freedom Pass <small>(\$130 frame allowance + 20% standard additional discount)</small>	\$80
	Member cost with Freedom Pass	\$0
 <p>12 pack (6 month supply)</p>	Retail cost of Acuvue Oasys	\$144
	Member contact lens cost without Freedom Pass <small>(\$130 contact lens allowance)</small>	\$14
	Member cost with Freedom Pass	\$0

WHERE MEMBERS SAVE

Target Optical, Sears Optical and ContactDirect offer plenty of chances to use the Freedom Pass:

	Locations	Selection
	More than 350 nationwide	About 700 frames, per location
	Nearly 600 nationwide	About 900 frames, per location
	Always available online	Many top-selling contact lens brands



HELPING MEMBERS FEEL FREE

Freedom Pass makes it even better. The combination of great style, with a guarantee of no additional out-of-pocket cost on preferred, quality brands – it’s a game changer.

– Internet services company, Scottsdale AZ

** on average

Give your employees more freedom than ever –
Contact your EyeMed rep or visit starthere.eyemed.com

