



# South Washington County Schools Materials Only

Take a sneak  
peek before  
enrolling

- You're on the INSIGHT Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.866.804.0982.
- For LASIK providers, call 1.877.5LASER6.

## SUMMARY OF BENEFITS

### Vision Care Services

#### Frames

#### Standard Plastic Lenses

Single Vision

Bifocal

Trifocal

Lenticular

Standard Progressive Lens

Premium Progressive Lens<sup>A</sup>

Tier 1

Tier 2

Tier 3

Tier 4

#### Lens Options

UV Treatment

Tint (Solid and Gradient)

Standard Plastic Scratch Coating

Standard Polycarbonate

Standard Polycarbonate—Kids under 19

Standard Anti-Reflective Coating

Premium Anti-Reflective Coating<sup>A</sup>

Tier 1

Tier 2

Tier 3

Photochromic/Transitions

Polarized

Other Add-Ons and Services

### In-Network Member Cost

\$0 Co-pay, \$150 Allowance, 20% off balance over \$150

\$25 Co-pay

\$25 Co-pay

\$25 Co-pay

\$25 Co-pay

\$25 Co-pay

\$110 Co-pay – \$200 Co-pay

\$110 Co-pay

\$120 Co-pay

\$135 Co-pay

\$200 Co-pay

\$0

\$0

\$0

\$40

\$0

\$45

\$57–\$85

\$57

\$68

\$85

\$75

20% off retail

20% off retail

### Out-of-Network Reimbursement

Up to \$75

Up to \$40

Up to \$60

Up to \$80

Up to \$80

Up to \$80

Up to \$80

Up to \$80

Up to \$80

Up to \$80

Up to \$12

Up to \$12

Up to \$12

N/A

Up to \$32

Up to \$5

Up to \$5

Up to \$5

Up to \$5

N/A

N/A

N/A

### Contact Lens Fit and Follow-Up (Contact lens fit and 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 price

N/A

### Contact Lenses (Contact lens allowance includes materials only)

Conventional

\$0 Co-pay, \$150 Allowance, 15% off balance over \$150

Up to \$120

Disposable

\$0 Co-pay, \$150 Allowance; plus balance over \$150

Up to \$120

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

### 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

Lenses or Contact Lenses

Once every 12 months

Frame

Once every 24 months

### Additional Discounts (Additional discounts are not insured benefits)

Complete pair of prescription eyeglasses

40% off

Non-prescription sunglasses

20% off

Remaining balance beyond plan coverage

20% off

Benefits are not provided from services or materials 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; Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; 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; 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. 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. Benefit allowance provides no remaining balance for future use within the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. <sup>A</sup>Premium 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. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

# 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.



Download  
the EyeMed  
Members App



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

