



# State of Delaware

More,  
for less...

**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

Hello,  
Neighbor

- You're on the ACCESS Network
- For a complete list of providers near you, use our Provider Locator on [eyemed.com](http://eyemed.com) or call 1-855-259-0490.
- For Lasik providers, call 1-877-5LASER6, or visit [eyemedlasik.com](http://eyemedlasik.com).
- For a complete list of progressive lenses by brand, call EyeMed at 1-855-259-0490.



## Vision Care Services

**Exam With Dilation as Necessary**

## In-Network Member Cost

\$10 Copay

## Out-of-Network Reimbursement

Up to \$35

**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  
Premium Contact Lens Fit & Follow-Up

Up to \$55  
10% off retail price

N/A  
N/A

## Frames

\$0 Copay, \$160 Allowance, 20% off balance over \$160

Up to \$45

## Standard Plastic Lenses

Single Vision  
Bifocal  
Trifocal  
Lenticular  
Standard Progressive Lens  
Premium Progressive Lens<sup>A</sup>

\$20 Copay  
\$20 Copay  
\$20 Copay  
\$20 Copay  
\$85  
\$105 - \$130

Up to \$25  
Up to \$40  
Up to \$55  
Up to \$55  
Up to \$40

Tier 1  
Tier 2  
Tier 3  
Tier 4

\$105  
\$115  
\$130  
\$85, 80% of charge less \$120 Allowance

Up to \$40  
Up to \$40  
Up to \$40  
Up to \$40

## Lens Options

 (paid by the member in addition to the price of the lenses)

UV Treatment  
Tint (Solid and Gradient)  
Standard Plastic Scratch Coating  
Standard Polycarbonate—Adults  
Standard Polycarbonate—Kids under 19  
Standard Anti-Reflective Coating  
Premium Anti-Reflective Coating<sup>A</sup>  
Tier 1  
Tier 2  
Tier 3  
Photochromic/Transitions® Plastic  
Polarized  
Other Add-Ons and Services

\$15  
\$15  
\$0  
\$40  
\$0  
\$45  
\$57 - \$68  
\$57  
\$68  
80% of charge  
\$75  
20% off retail price  
20% off retail price

N/A  
N/A  
Up to \$5  
N/A  
Up to \$5  
N/A  
N/A  
N/A  
N/A  
N/A  
N/A  
N/A

## Contact Lenses

 (Contact lens allowance includes materials only)

Conventional  
Disposable  
Medically Necessary

\$0 Copay, \$160 Allowance, 15% off balance over \$160  
\$0 Copay, \$160 Allowance, plus balance over \$160  
\$0 Copay, Paid in Full

Up to \$105  
Up to \$105  
Up to \$200

## Laser Vision Correction

LASIK or PRK from U.S. Laser Network

15% off the retail price or 5% off the promotional price

N/A

## Vision Therapy Services

Vision Therapy Evaluation  
Vision Therapy

\$0 Copay  
25% Copay for up to 10 therapy sessions per benefit year

Up to \$46  
25% Copay for up to 10 therapy sessions per benefit year

## Additional Pairs Discount

Members also receive a 40% discount off complete pair eyeglass purchase and 15% off conventional contact lenses once the funded benefit has been used.

N/A

## Frequency

Examination  
Diabetic Services  
Vision Therapy Evaluation  
Vision Therapy  
Lenses or Contact Lenses  
Frame

Once every 12 months, defined by benefit frequency (Date of Service)  
Once every 6 months, defined by benefit frequency (Date of Service)  
Once every 12 months, defined by benefit frequency (Date of Service)  
Up to 10 visits every 12 months, defined by benefit frequency (Date of Service)  
Once every 12 months, defined by benefit frequency (Date of Service)  
Once every 12 months, defined by benefit frequency (Date of Service)

## Premiums—monthly

Subscriber  
Subscriber + Spouse  
Subscriber + Children  
Subscriber + Family

\$6.30  
\$9.94  
\$10.14  
\$16.36

<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.



# What's in it for me?

Options. It's simple really. We love our members—that's why we are dedicated to helping you see clearly and we've built a network that gives you lots of choices and flexibility. You can choose from independent doctors 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 to save you money. Welcome to EyeMed.



eyemed.com

| Benefits Snapshot  | With Us  | Out-of-Network Reimbursement |
|--|--|------------------------------|
| <b>Exam with dilation as necessary</b> (Once every 12 months, date of service) | \$10 Copay   | Up to \$35                   |
| <b>Frames</b> (Once every 12 months, date of service)                          | \$0 Copay, \$160 Allowance; 20% off balance over \$160 | Up to \$45                   |
| <b>Single Vision Lenses</b> (Once every 12 months, date of service)            | \$20 Copay   | Up to \$25                   |
| Or   |  |                              |
| <b>Contacts</b> (Once every 12 months, date of service)                        | \$0 Copay, \$160 Allowance; 15% off balance over \$160 | Up to \$105                  |

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

Here's an example of what you might pay for a pair of glasses 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 . . .

**88%**  
**SAVINGS**  
with us

| With Us      |  | Without Insurance** |  |
|--------------|--|---------------------|--|
| Exam         | \$10 Copay   | Exam                | \$106  |
| Frame        | \$163<br><u>-\$160 Allowance</u><br>\$3<br><u>-\$0.60 (20% discount off balance)</u><br>\$2.40 | Frame               | \$163  |
| Lens         | \$20 Copay<br>\$15 UV treatment add-on<br><u>+\$0 Scratch coating add-on</u><br>\$35           | Lens                | \$78<br>\$23 UV treatment add-on<br><u>+\$25 Scratch coating add-on</u><br>\$126 |
| <b>Total</b> | <b>\$47.40</b>   | <b>Total</b>        | <b>\$395</b>   |

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 and/or contact 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.

Benefit allowance provides no remaining balance for future use within the same benefit year. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. 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. \*\*Based on industry averages.



LENSCRAFTERS

