



The following is a summary of the vision care services for State of Delaware.  
This document is not the Summary Plan Description.

## **Plan Information**

---

State of Delaware (Hereinafter, “Employer”) has selected EyeMed Vision Care, LLC (“EyeMed”) as your vision care services provider (the “Plan”). The Plan, underwritten by Fidelity Security Life Insurance Company, provides coverage for routine vision exams, as well as eyeglasses and contact lenses.

This Summary reflects the Plan that will be in effect beginning July 1, 2017.

This Summary is based on the filed insurance documents. If there is a disagreement between the information contained in this Summary and the insurance documents, the insurance documents will govern.

This Summary does not address Plan eligibility. Eligibility decisions are solely and exclusively determined by Employer.

## **The EyeMed Network**

---

EyeMed’s network of providers includes private practitioners, as well as the nation’s premier retailers, LensCrafters®, Sears Optical, Target Optical, JCPenney Optical and most Pearle Vision locations. To locate EyeMed Vision Care providers near you, visit [www.eyemed.com](http://www.eyemed.com) and choose the **Insight Network**. You may also call EyeMed’s Customer Care Center at **1-855-259-0490**. EyeMed’s Customer Care Center can be reached Monday through Saturday 7:30 am to 11:00 pm EST and Sunday 11:00 am to 8:00 EST.

## **Using In-Network Providers**

---

When making an appointment with the provider of your choice, identify yourself as an EyeMed member and provide your name and the name of your organization or Plan number, located on the front of your ID card. Confirm the provider is an in-network provider for the Network. While your ID card is not necessary to receive services, it is helpful to present your EyeMed Vision Care ID card to identify your membership in the Plan.

When you receive services at a participating EyeMed Network Provider, the provider will file your claim. You will have to pay the cost of any services or eyewear that exceeds any allowances, and any applicable co-payments. You will also owe state tax, if applicable, and the cost of non-covered expenses (for example, vision perception training).

## **Using Out-of-Network Providers**

---

If you receive services from an out-of-network Provider, you will pay for the full cost at the point of service. You will be reimbursed up to the maximums as outlined in the Summary of Vision Care Services. To receive your out-of-network reimbursement, complete and sign an out-of-network claim form, attach your itemized receipts and send to First American Administrators, Inc., (“FAA”), a wholly-owned subsidiary of EyeMed Vision Care:

FAA/EyeMed Vision Care, LLC.  
 Attn: OON Claims  
 P.O. Box 8504  
 Mason, OH 45040-7111

For your convenience, a FAA/EyeMed out-of-network claim form is available at [www.eyemed.com](http://www.eyemed.com) or by calling EyeMed's Customer Care Center at **1-855-259-0490**.

### Summary of Vision Care Services

	Your In-Network Cost	Your Out-of-Network Reimbursement*
<b>Exam</b>	\$10 co-pay	Up to \$30
Dilation as necessary	\$0	
Refraction	\$0	
<b>Exam Options – Contact Lenses</b>		
Standard Fit and Follow-Up	Up to \$40	N/A
Premium Fit and Follow-Up	90% of retail price	N/A
<b>Frames**</b>	\$0 copay, plus 80% of balance over \$160	Up to \$45
<b>Standard Plastic Lenses</b>		
Single Vision	\$20 copay	Up to \$25
Bifocal	\$20 copay	Up to \$40
Trifocal	\$20 copay	Up to \$55
Standard Progressive	\$85 copay	Up to \$55
Premium Progressive***		
Tier 1	\$105 copay	Up to \$40
Tier 2	\$115 copay	Up to \$40
Tier 3	\$130 copay	Up to \$40
Tier 4	\$85 copay, 80% of charge less \$120 Allowance	Up to \$40
<b>Standard Lens Options</b>		
UV coating	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard scratch resistance	\$0	Up to \$5
Standard polycarbonate – Adults	\$40	N/A
Standard polycarbonate – Kids Under 19	\$0	Up to \$5
Standard anti-reflective coating	\$45	N/A
Premium anti-reflective coating***		
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Polarized	80% of retail price	N/A
Photocromatic /Transitions Plastic	\$75	N/A
Other add-ons and services	80% of retail price	N/A

<b>Contact Lenses****</b>		
Conventional	\$0 copay, plus 85% of balance over \$160	Up to \$105
Disposable	\$0 copay, plus 100% of balance over \$160	Up to \$105
Medically necessary	\$0 copay (paid in full by Plan)	Up to \$200
<b>LASIK or PRK from US Laser Network</b>	85% of retail price or 95% of promotional price Whichever is lesser	N/A
<b>Frequency</b> - based on plan year		
Exam	Once every 12 months	Once every 12 months
Lenses <u>or</u> Contact Lenses	Once every 12 months	Once every 12 months
Frames	Once every 12 months	Once every 12 months
<b>Diabetic</b>	Once every 6 Months	Once every 6 Months
<b>Diabetic Services</b> (Available for Type 1 and 2 Diabetics)		
Medical Follow Up Exam	\$0 copay	Up to \$77
Retinal Imaging	\$0 copay	Up to \$50
Extended Ophthalmoscopy	\$0 copay	Up to \$15
Gonioscopy	\$0 copay	Up to \$15
Scanning Laser	\$0 copay	Up to \$33
<b>Vision Therapy Services</b>		
Vision Therapy Evaluation	\$0 co-pay	\$46
Vision Therapy	25% co-pay for up to 10 therapy sessions per benefit year	25% co-pay for up to 10 therapy sessions per benefit year

\* You are responsible to pay the out-of-network provider in full at time of service and then submit an out-of-network claim for reimbursement. You will be reimbursed up to the amount shown on the chart.

\*\* Frame allowance provides no remaining balance for future use within the same Benefit Frequency.

\*\*\*Fixed pricing schedule for Premium Progressives and Premium Anti-Reflective available at [www.eyemed.com](http://www.eyemed.com).

\*\*\*\*For prescription contact lenses for only one eye, the Vision Care plan will pay one-half of the amount payable for contact lenses for both eyes. Contact Lens allowance is a declining balance. Any remaining balance may be used within the same benefit frequency. Where the Insured Person previously used an In-Network Provider, the remaining balance must be used with the same or any other In-Network Provider. Where the Insured Person previously used an Out-of-Network Provider, the remaining balance must be used with the same or any other Out-of-Network Provider

## **Additional Discounts**

Under the Plan, you may receive benefits for eyeglass frames, eyeglass lenses or contact lenses as outlined on the Summary of Vision Care Services. In addition, EyeMed provides an in-network discount on products and services once your in-network benefits for the applicable benefit period have been used. The in-network discounts are as follows:

- 40% off a complete pair of eyeglasses (including prescription sunglasses)
- 15% off conventional contact lenses
- 20% off items not covered by the Plan at network providers.

These in-network discounts may not be combined with any other discounts or promotional offers. Discounts do not apply to EyeMed Provider's professional services, disposable contact lenses or certain brand name vision materials in which the manufacturer imposes a no-discount practice or policy.

Discounts on services may not be available at all participating providers. Prior to your appointment, please confirm with your provider whether discounts are offered.

### **Vision Therapy Benefit**

---

Members of the plan are eligible for the Vision Therapy Services benefit, a therapeutic program that provides treatment for a variety of visual dysfunctions.

Vision Therapy involves patient participation in a sequence of non-surgical therapeutic procedures designed to modify visual function and is effective in treating accommodative disorders, amblyopia, non-strabismic binocular disorders, and strabismus. Conditions excluded from this benefit include nystagmus, traumatic brain injury, learning disabilities, dyslexia, and all other non-stated conditions.

**Accommodative Disorders or Accommodative Dysfunctions:** A non-aging, non-refractive, neuromuscular abnormality of the visual system characterized by the eyes inability to maintain accurate or prolonged focus.

**Amblyopia:** A visual developmental condition that is characterized by poor or indistinct vision in an eye that is otherwise physically normal due to visual stimulation failing to transmit or being poorly transmitted through the optic nerve to the brain for a continuous period of time.

**Dyslexia:** A neurologically-based learning disability that alters how the brain processes written information.

**Learning Disability:** A classification of several disorders in which a person has difficulty learning in a typical manner. A Learning Disability affects the brain's ability to receive and process information.

**Nonstrabismic Binocular Disorders:** A visual defect in which the two eyes fail to work together. Nonstrabismic Binocular Disorders causes a person to exert an undue amount of effort in sustaining continuous singular binocular vision.

**Nystagmus:** A disorder characterized by rapid, involuntary, back-and-forth oscillations of the eye, usually affecting both eyes. Nystagmus may be congenital or acquired.

**Orthoptics:** The treatment of visual habits, binocular vision disorders and muscle imbalance by reeducation of visual habits, exercise and vision training.

**Pleoptic:** A system of treating Amblyopia by retraining visual habits using guided exercises.

**Strabismus:** A condition in which the visual axis of the eyes is not parallel, preventing the eyes from focusing on the same point in space at the same time.

**Traumatic Brain Injury:** A condition that occurs when an external force traumatically injures the brain.

**Vision Therapy Evaluation:** A sensorimotor evaluation of ocular derivation with interpretation and report.

**Vision Therapy:** Orthoptic and/or Pleoptic training with continual medical direction aimed at correcting and improving binocular, oculomotor, visual processing and perceptual disorders. Vision Therapy must be under the direct supervision of the Provider. Vision Therapy does not include practice sessions at home, school or other venue.

The therapy sessions are administered during office visits under direct supervision of the Provider, with techniques taught to the patient for continued therapy at home. Duration of treatment varies depending on the severity of the condition and the presence of complicating factors. Without the supervision of the Provider, other applications (school or home) are considered practice sessions and are not considered insured benefits.

Based on the outcome of the Vision Therapy evaluation, the vision Provider will scheduled, conduct, or refer out for therapy sessions.

Not all locations offer Vision Therapy Services. Members are encouraged to call their Provider to confirm availability of services.

### **Medically Necessary Contact Lenses**

---

The Plan provides coverage for medically necessary contact lenses when one of the following conditions exists:

- **Anisometropia** of 3D in meridian powers
- **High Ametropia** exceeding –10D or +10D in meridian powers
- **Keratoconus** where the member's vision is not correctable to 20/30 in either or both eyes using standard spectacle lenses
- **Vision Improvement** for members whose vision can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses

The benefit may not be expanded for other eye conditions even if you or your providers deem contact lenses necessary for other eye conditions or visual improvement.

### **Diabetic Eye Care Benefit**

---

Members of the Plan who have Type 1 or Type 2 diabetes are eligible to receive supplemental coverage for additional services from their vision Provider. With this Diabetic Eye Care benefit, you can obtain a vision evaluation every six months to monitor for signs of diabetic complications. Subject to provider determination and benefit frequency limitations, you may also receive the following diagnostic testing: retinal imaging, extended ophthalmoscopy, gonioscopy or laser scanning. If questions, please contact EyeMed's customer care Center.

Availability of diagnostic equipment and services varies by location. Members are encouraged to call their provider to confirm availability of services.

## Savings on Laser Vision Correction

---

EyeMed Vision Care, in connection with the U.S. Laser Network, owned and operated by LCA Vision, offers discounts to you for LASIK and PRK. You receive a discount when using a network provider in the U.S. Laser Network. The U.S. Laser Network offers many locations nationwide. For additional information or to locate a network provider, visit [www.eyemedlasik.com](http://www.eyemedlasik.com) or call **1-877-5LASER6**.

After you have located a U.S. Laser Network provider, you should contact the provider, identify yourself as an EyeMed member and schedule a consultation to determine if you are a good candidate for laser vision correction. If you are a good candidate and schedule treatment, you must call the U.S. Laser Network again at **1-877-5LASER6** to activate the discount.

At the time treatment is scheduled, you will be responsible for an initial refundable deposit to the U.S. Laser Network. Upon receipt of the deposit, and prior to treatment, the U.S. Laser Network will issue an authorization number to your provider. Once you receive treatment, the deposit will be deducted from the total cost of the treatment. On the day of treatment, you must pay or arrange to pay the remaining balance of the fee. Should you decide against the treatment, the deposit will be refunded.

You are responsible for scheduling any required follow-up visits with the U.S. Laser network provider to ensure the best results from your laser vision correction procedure.

## Online Contact Lenses with ContactsDirect.com

---

You can now apply your contact lens benefit at [contactsdirect.com](http://contactsdirect.com). Simply complete the online transaction form and the contacts will be delivered directly to your home.

## Online Eyewear with Glasses.com

---

To make sure you get easy, convenient access to vision choices that best fit your lifestyle, we've added Glasses.com to our roster of thousands of independent providers and top optical retailers. This is great news for you because EyeMed members can now apply in-network vision benefits from anywhere, anytime. For additional information visit [www.glasses.com](http://www.glasses.com).

## Plan limitations and exclusions

---

Your vision care plan contains several limitations and exclusions. Please see your Certificate of Insurance for a complete list.

## Sample Savings

---

The following examples illustrate how your benefit would be applied to the services received at an in-network provider's office or location:

### If a member chooses to receive:

A comprehensive vision care examination:	you pay \$10.00
A frame up to a value of \$100:	you pay \$0.00
One pair of bifocal lenses:	you pay \$20.00
Ultraviolet coating:	you pay <u>\$15.00</u>
The total cost to the member is:	\$45.00

If a member chooses to receive:

A comprehensive vision care examination:	you pay \$10.00
A frame up to a value of \$200:	you pay \$32.00
A pair of single vision lenses:	you pay \$20.00
Standard anti-reflective coating:	you pay <u>\$45.00</u>
The total cost to the member is:	\$107.00

## **Claims & Claims Appeals**

---

You may authorize someone else to file and pursue a claim for benefits or an appeal on your behalf. If you do so, you must notify EyeMed Vision Care in writing of your choice of an authorized representative. Your notice must include the representative's name, address, phone number, and a statement indicating the extent to which he or she is authorized to act on your behalf. A consent form that you may use for this purpose will be provided to you upon request.

### **Time Frames for Processing Claims**

First American Administrators, Inc., a third-party administrator and wholly owned subsidiary of EyeMed ("hereinafter "FAA") will decide claims within the time permitted by applicable state law, but generally no longer than 30 days after receipt. If FAA needs additional time to decide a claim, it will send you a written notice of the extension, which will not exceed 15 days. If FAA needs additional information from you in order to decide the claim, FAA will send you a written notice explaining the information needed. You will have 45 days to provide the information to FAA. If your claim is denied, in whole or in part, FAA will inform you of the denial in writing.

### **Time Frames and Procedures for Appealing Claims – First Level**

If your claim is denied, in whole or in part, you may file a first-level appeal. The first-level appeal must be in writing and received by FAA within 180 days of your notice of the denial. If you do not receive an EOB within 30 days of submission of your claim, you may submit a first-level appeal within 180 days after this 30-day period has expired. Your written letter of appeal should include the following:

- The applicable claim number or a copy of the written denial or a copy of the EOB, if applicable.
- The item of your vision coverage that the member feels was misinterpreted or inaccurately applied.
- Additional information from the member's eye care provider that will assist FAA in completing its review of the member's appeal, such as documents, records, questions or comments.

The appeal should be mailed or faxed to the following address:

FAA/EyeMed Vision Care, LLC  
Attn: Quality Assurance Dept.  
4000 Luxottica Place  
Mason, OH 45040  
Fax: 1-513-492-3259

FAA/EyeMed will review your first-level appeal and notify you in writing of its decision.

### **Time Frames for and Procedures for Appealing Claims – Second Level**

This second-level appeal applies only if permitted by applicable state law. If your first-level appeal is denied, in whole or in part, you may file a second-level appeal. The second-level appeal must be in writing and received by FAA within 180 days after the denial of your first-level appeal. If you do not receive first-level appeal decision within 60 days after it was filed, you may

submit a second-level appeal within 180 days after this 60-day period has expired. Your written letter of appeal should include the same items detailed above, plus any new information that you believe supports your position.

The appeal should be mailed or faxed to the following address:

FAA/EyeMed Vision Care, LLC  
Attn: Quality Assurance Dept.  
4000 Luxottica Place  
Mason, OH 45040  
Fax: 1-513-492-3259

FAA/EyeMed will review your second-level appeal and notify you in writing of its decision.

### **Complaint Procedure**

---

If you are dissatisfied with an EyeMed Provider's quality of care, services, materials or facility or with EyeMed's Plan administration, you should first call EyeMed Customer Care Center at **1-855-259-0490** to request resolution. The EyeMed Customer Care Center will make every effort to resolve your matter informally.

If you are not satisfied with the resolution from the Customer Care Center service representative, you may file a formal complaint with EyeMed's Quality Assurance Department at the address noted above. You may also include written comments or supporting documentation.

The EyeMed Quality Assurance Department will resolve your complaint within thirty (30) days after receipt, unless special circumstances require an extension of time. In that case, resolution shall be achieved as soon as possible, but no later than one hundred twenty (120) days after EyeMed's receipt of your complaint. Upon final resolution, EyeMed will notify you in writing of its decision.

The Insured benefits are underwritten by Fidelity Security Life Insurance Company. Discounts are provided by EyeMed Vision Care. If you have any questions or concerns, please contact EyeMed Vision Care at [eyemed.com](http://eyemed.com) or **1-855-259-0490**.