Dimensional Foam Vision Plan Design Summary

Eye Exam, Lenses, Frames, Frequencies

		View Plan H
	EyeMed Access Network	Out of Network
Annual Eye Exam	Covered in full	Up to \$35
,		
Lenses (per pair)		
Single Vision	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$55
Lenticular	20% discount	No benefit
Progressive	See lens options	NA
Frames	\$130	Up to \$65
	• • • •	
Frequencies		
Exam/Lens/Frames	12/12/24	12/12/24
	Based on date of service	Based on date of service
Deductible, Maximum		
Deductibles		
	\$20 Exam	No deductible
	\$20 Eye Glass Lenses	
Maximum		
Calendar Year	None	None
_		
Contact Lenses		
Fit & Follow Up	Standard: Member cost up to \$55	No benefit
Exams	_	
	Premium: 10% off of retail	No benefit
Contacts		
Elective	Up to \$130	Up to \$104
Medically	Covered in full	Up to \$200
Necessary		
Manthly Datas		
Monthly Rates		00
Employee (EE)		.08
EE + Spouse EE + Children		0.24
).44
EE + Spouse &	\$16	5.48
Children	r 04 months following the affective data lists data	
Rates are guaranteed for 24 months following the effective date listed above.		
Rates include: home address mailing		

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Dimensional Foam Vision Plan Design Summary (cont.)

Lens Options (member cost)

	Plan 1: TrueView Plan H	
	EyeMed Access Network	Out of Network
Progressive Lenses	Standard: \$65 + lens deductible Premium: lens	No benefit
	cost - 20% discount - \$120 allowance +	
	Standard Progressive cost	
Std. Polycarbonate	\$40	No benefit
Scratch Resistant	\$15	No benefit
Coating		
Anti-Reflective	\$45	No benefit
Coating		
Ultraviolet Coating	\$15	No benefit
LASIK or PRK	Average discount of 15% off retail price or 5%	No benefit
	off promotional price at US Laser Network	
	participating providers.	

Additional TrueView Features (In Network)

Discounts	15% discount on the remaining balance in excess of the conventional contact lens allowance. 20% discount on the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
Lens Options (Member Cost)	\$15 - Tint (Solid & Gradient).
Secondary Purchase Plan	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.

TrueView Vision

This plan features access to EyeMed's integrated provider network, so plan members can choose from private practice optometrists, ophthalmologists, opticians and optical retailers such as LensCrafters® and enjoy in-network savings. When visiting an EyeMed Access network provider, members may choose from any frame available at the provider locations. Most independent providers and all LensCrafters locations carry name-brand frames by Luxottica, the world's leading eyeglass frame manufacturer. Helping to safeguard the eyesight of your employees, eye care insurance can boost productivity and reduce absenteeism due to fatigue, headaches and other vision-related complaints.

With a firm commitment to quality and patient satisfaction, EyeMed offers additional savings of up to 40% off the purchase of additional pairs of complete eyeglasses. Members also can enjoy cost reductions on laser vision correction surgery and conventional contact lenses through EyeMed. This provides savings above and beyond the plan benefits in order to maximize the overall value of the plan without adding to the cost of the program.

TrueView Vision offers coverage toward an annual eye exam, lenses and a frame, lens options such as ultraviolet coating, contact lens fit and follow-up, and contact lenses. Any amounts exceeding the plan allowances are payable by the plan member. There are out-of-network benefits available, so members may choose an out-of-network eye care provider, and benefits will be based on the out-of-network allowances.