

### EyeMed Member/Patient Services

Visit your member website or call the number on the front of the card.

### EyeMed Doctors/Providers Only

Visit eyemed.com to receive plan information or call (888) 581-3648.



LENSCRAFTERS



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LENSCRAFTERS



# Welcome to your happy place

## What

**What's a copay?** A fixed amount that you owe at the time of your visit. Flip this over to check out yours.

**What's an allowance?** How much we give you to buy the frames and lenses you want. So, if your allowance is \$100 and you pick frames that are \$150 then you owe \$50.

## When

**When can I use my benefits?** Check out the effective date on the front of your ID card above.

**How often can I use them?** This is what we call frequency. It's the first line item in the chart on the other side of the page.

## How

**How do I save more money?** You receive 40% off additional complete pairs of prescription eyeglasses and 20% off non-prescription sunglasses at participating in-network eye doctors. Plus, you can access new offers 24/7 when you create an account on our website.

## Where

**Where can I use my benefits?** Check out the eye doctors closest to you on the other side or visit our online Enhanced Provider Locator to find the perfect fit. Now that's convenient.



## Register online to start using your benefits



- Find eye doctors near you, view your benefits, see your claims, get special offers and more just by registering on the member website listed on the front of your ID card.
- Download the EyeMed Members App on your iPhone, iPad or Android to view your benefit details and ID card right when you need it.



LENSCRAFTERS



OPTICAL





www.eyemed.com  
Member/Patient Services: (866) 800-5457  
Insight Network  
Company name  
Susan Sample  
Member ID: 12345678901  
Group #: 87654321  
Effective: 01/01/2018

Fully Insured and Underwritten by Fidelity Security Life Insurance Company



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Group #: 87654321  
Effective: 01/01/2018



UNLOCK ALL YOUR MEMBERSHIP EXTRAS. CREATE AN ACCOUNT ONLINE.

EYEACS

Eye Doctors Near You\*

MARK A TRAVEIS O.D.  
CLAUDINE Y KAWABATA O.D.  
GEORGETOWN EYE ASSOCIATES  
2 CENTRAL ST 2ND FLOOR  
GEORGETOWN MA 01833  
(978) 352-5966

JANETTE L LIU O.D.  
PEARLE VISION  
90 PLEASANT VALLEY ST STE 250  
METHUEN MA 01844  
(978) 683-2020

LAURA A POTVIN O.D.  
KATHLEEN M HORN O.D.  
NYLA A LAMBERT O.D.  
DR LAURA ANNE POTVIN OD PC  
939 SALEM ST STE 7  
GROVELAND MA 01834  
(978) 374-8991

PHILIP L CROOKS O.D.  
PAUL V HAMEL O.D.  
PEARLE VISION  
9 SYLVAN ST  
PEABODY MA 01960  
(978) 532-1022

NYLA A LAMBERT O.D.  
JUDITH H MARROCCO O.D.  
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BRENDA J FOGARTY O.D.  
LENSCRAFTERS  
167 S BROADWAY  
SALEM NH 03079  
(603) 893-5323

SUSAN B LEADER O.D.  
AGAWAM EYE ASSOCIATES  
319 NEWBURYPORT TURNPIKE  
ROWLEY MA 01969  
(978) 948-2293

MARK A TRAVEIS O.D.  
CLAUDINE Y KAWABATA O.D.  
GEORGETOWN EYE ASSOCIATES  
2 CENTRAL ST 2ND FLOOR  
GEORGETOWN MA 01833  
(978) 352-5966

ADDED PERKS



Create an account online to get savings including discounts on frames, lenses and contacts at providers near you or online at Glasses.com and ContactsDirect.com.



If you lose or break your glasses while travelling abroad, call our International Customer Care Center day or night at 1-513-765-2870.

\*Locations subject to change. When making your appointment, please confirm all discounts and services are offered. Participating Doctors of Optometry located at or next to LensCrafters, Pearle Vision, Sears Optical and Target Optical are independent of, and not employed by, optical dispensary.

Notice of Privacy Practice: Your Notice of Privacy Practice can be obtained at any time by calling the phone number listed on your ID card or by visiting www.eyemed.com.



Visit the website on your ID card to find more eye doctors near you, get special offers and enjoy all things vision.

0128702-1-1-111016

INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS

PEARLE  
VISION

OPTICAL



SUSAN SAMPLE  
PO BOX 000  
GEORGETOWN MA 01833-2116



The Certificate of Insurance is on file with your employer. Contact your employer to review a copy of the Certificate.

EYEMED VISION CARE BENEFIT

Frequency		Out-of-Network Member Reimbursement
Lenses	Once every 12 months from the date of service	
Frames	Once every 24 months from the date of service	
Contact Lenses	Once every 12 months from the date of service (Plan allows the member to receive either contacts and frame, or frame and lens services)	
Vision Care Services		Member Cost In-Network
Frames		
Frame		\$0 Copay; 20% off balance over \$130 Allowance
Lenses		
Single Vision		\$25 Copay
Bifocal		\$25 Copay
Trifocal		\$25 Copay
Lenticular		\$25 Copay
Progressive Standard		\$75 Copay
Progressive Prem Tier 1 - 3		\$95 - \$135 Copay
Progressive Prem Tier 4		\$75 Copay; 20% off Retail Price less \$120 Allowance
Lens Options		
Anti Reflective Coating Standard		\$45
Anti Reflective Coating Prem Tier 1 - 2		\$57 - \$68
Anti Reflective Coating Prem Tier 3		20% off Retail Price
Photochromic Plastic		\$75
Polycarbonate Standard age 19+		\$40
Polycarbonate Standard under age 19		\$0 Copay
Scratch Coating Standard Plastic		\$15
Tint Solid or Gradient		\$15
UV Treatment		\$15
All Other Lens Options		20% off Retail Price
Contact Lenses		
Contacts Conventional		\$0 Copay; 15% off balance over \$130 Allowance
Contacts Disposable		\$0 Copay; 100% of balance over \$130 Allowance
Contacts Medically Necessary		\$0 Copay
Other		
Doctor Misc Materials		20% off Retail Price
Exam Services		
Lasik or PRK From U.S. Laser Network		15% off Retail Price or 5% off Promotional Price

No benefits will be paid for services or materials connected with or charges 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; 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; any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; 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; or 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. Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.