



Siemens Healthineers

EyeMed Vision Care in conjunction with Fidelity Insurance Company of America

You're on the **INSIGHT** Network

For a complete list of in-network providers near you, use our Enhanced Provider locator on <https://member.eyemedvisioncare.com/shs/en> or call **866.800.5457**

Vision Care Services	Basic Plan*		Enhanced Plan		Premier Plan	
	Summary of Benefits		Summary of Benefits		Summary of Benefits	
	In-Network Member Cost	Out-of-Network Reimbursement	In-Network Member Cost	Out-of-Network Reimbursement	In-Network Member Cost	Out-of-Network Reimbursement
Exam Services	\$10 Copay	Up to \$40	\$10 Copay	Up to \$40	\$10 Copay	Up to \$40
Retinal Imaging	Up to \$39	N/A	Up to \$39	N/A	Up to \$39	N/A
Contact Lens Fit & Follow-Up (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed)						
Fit and Follow-Up- Standard	Up to \$40	N/A	\$40 copay	Up to \$40	\$40 copay	Up to \$40
Fit and Follow-Up- Premium	10% off retail price	N/A	\$40 copay, 10% off retail then apply \$55 allowance	Up to \$40	\$40 copay, 10% off retail then apply \$55 allowance	Up to \$40
Frame <i>Any available frame at provider location</i>	35% off retail price	N/A	\$0 Copay; \$130 Allowance, 20% off balance over \$130	Up to \$78	\$0 Copay; \$150 Allowance, 20% off balance over \$150	Up to \$90
Standard Plastic Lenses						
Single Vision	\$50	N/A	\$10 copay	Up to \$25	\$15 Copay	Up to \$25
Bifocal	\$70	N/A	\$10 copay	Up to \$40	\$15 Copay	Up to \$40
Trifocal	\$105	N/A	\$10 copay	Up to \$55	\$15 Copay	Up to \$55
Lenticular	20%	N/A	\$10 copay	Up to \$55	\$15 Copay	Up to \$55
Progressive- Standard	\$135	N/A	\$60 copay	Up to \$40	\$15 Copay	Up to \$40
Progressive- Premium Tier 1-3	20%	N/A	\$90-\$100 copay	Up to \$40	\$35-\$60	Up to \$40
Progressive- Premium Tier 4	20%	N/A	\$175 copay	Up to \$40	\$175 copay	Up to \$40
Lens Options						
Anti-Reflective Coating- Standard	\$45	N/A	\$35 copay	Up to \$5	\$35 copay	Up to \$5
Anti-Reflective Coating- Premium Tier 1-2	20% off Retail Price	N/A	\$47-\$58 copay	Up to \$5	\$47-\$58 copay	Up to \$5
Anti-Reflective Coating- Premium Tier 3			\$85 copay	Up to \$5	\$85 copay	Up to \$5
Photochromatic- Non-Glass	20% off Retail Price	N/A	\$65 copay	Up to \$5	\$65 copay	Up to \$5
Polycarbonate- Standard	\$40	N/A	\$30 copay	Up to \$10	\$0 copay	Up to \$28
Polycarbonate- Standard- Kids under 19	\$40	N/A	\$0 copay	Up to \$10	\$0 copay	Up to \$28
Scratch Coating- Plastic	\$15	N/A	\$0 copay	Up to \$5	\$0 copay	Up to \$5
Tint (Solid and Gradient)	\$15	N/A	\$0 copay	Up to \$5	\$0 copay	Up to \$5
UV Treatment	\$15	N/A	\$12 copay	Up to \$5	\$0 copay	Up to \$10
Other Add-Ons	20% off Retail Price	N/A	20% off Retail Price	N/A	20% off Retail Price	N/A
Contact Lenses Contact lens allowance includes materials only						
Conventional	15% off retail price	N/A	\$0 Copay; 15% off balance over \$105 allowance	Up to \$63	\$0 Copay; 15% off balance over \$150 allowance	Up to \$90
Disposable	0% off retail price	N/A	\$0 Copay; 100% balance over \$105 allowance	Up to \$63	\$0 Copay; 100% balance over \$150 allowance	Up to \$90
Medically Necessary	0% off retail price		\$0 Copay, Paid-in-Full	Up to \$300	\$0 Copay, Paid-in-Full	Up to \$300
Laser Vision Correction						
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional	N/A	15% off Retail Price or 5% off promotional	N/A	15% off Retail Price or 5% off promotional	N/A
Owned and operated by LCA Vision						
Additional Discounts	N/A	N/A	Members also receive a 40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses once the funded benefit has been used	N/A	Members also receive a 40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses once the funded benefit has been used	N/A

*Complete pair eyeglasses purchase discounts; Frame, lenses & lens options must be purchased in same transaction to receive the full discount

Frequency		Frequency		Frequency	
Examination	Once every calendar year	Examination	Once every calendar year	Examination	Once every calendar year
Frame	unlimited	Frame	Once every 2 calendar years	Frame	Once every calendar year
Lenses or Contacts	unlimited	Lenses or Contacts	Once every calendar year	Lenses or Contacts	Once every calendar year

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 844.378.9360. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; 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; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; 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 that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. 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 online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.