

New River Valley has selected EyeMed as your vision wellness program. This plan allows you to improve your health through a routine eye exam, while saving you money on your eye care purchases. The plan is available through thousand of provider locations participating on the EyeMed INSIGHT network.

To see a list of participating providers near you, go to www.eyemedvisioncare.com and choose INSIGHT from the provider locator dropdown box. You can also call 1-866-804-0982.

Enroll today to take advantage of an affordable way to help ensure a lifetime of healthy vision.

Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$15 Copay	Up to \$40
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up:	\$0 copay paid in full and two follow up visits	Up to \$40
Premium Contact Lens Fit & Follow-Up:	\$0 Copay; 10% off retail price; then apply \$55 allowance	Up to \$40
Frames	\$0 Copay; \$130 allowance; 20% off balance over \$130	Up to \$45
Standard Plastic Lenses		
Single Vision	\$15 Copay	Up to \$40
Bifocal	\$15 Copay	Up to \$60
Trifocal	\$15 Copay	Up to \$80
Lenticular	\$15 Copay	Up to \$80
Standard Progressive Lens	\$15 Copay	Up to \$60
Premium* Progressive Lens	\$41 Copay - \$53 Copay	
<i>Schedule 1 - Image, Kodak Precise, Kodak Concise, Outlook, SOLAMAX, Gradal Top, Gradal Brevity, Ovation, Natural, Compact Ultra, Short Fit, "MVP"</i>		
	\$41 Copay	Up to \$60
<i>Schedule 2 - Varilux Comfort, AO Easy, Hoyalux GP Wide, Genesis</i>		
	\$47 Copay	Up to \$60
<i>Schedule 3 - SOLAOne, Varilux Panamic, Varilux Ellipse, Definity, Hoyalux Summit</i>		
	\$53 Copay	Up to \$60
<i>Other Premium Progressives, Including "MVP" and DST (Free Form) Lenses \$15 Copay, 80% of Charge less \$120 Allowance</i>		
		Up to \$60
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$0	Up to \$5
Tint (Solid and Gradient)	\$0	Up to \$5
Standard Plastic Scratch Coating	\$0	Up to \$5
Standard Polycarbonate - Adults	\$0	Up to \$5
Standard Polycarbonate - Kids under 19	\$0	Up to \$5
Standard Anti-Reflective Coating	\$0	Up to \$5
Photochromic/Transitions	\$75	N/A
Premium* Anti-Reflective	\$12 - \$23	
<i>Crizal, Zeiss Carat, High Vision</i>		
	\$12	N/A
<i>Carat Advantage, Crizal Alize, Teflon, Super High Vision, RF Endura EZ</i>		
	\$23	N/A
<i>Luxottica Anti-Reflective Coatings: (EZ Clean, Premium AR w/ Scotchgard Protector, EZClear, EasyCare, Pearle Premium AR; all other Target, Sears, Pearle, LensCrafters Premium AR)</i>		
	\$23	N/A
<i>Other Premium Anti-Reflective Coatings</i>		
	80% of charge	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$150 allowance; 85% of balance over \$150	Up to \$150
Disposable	\$0 Copay; \$150 allowance; plus balance over \$150	Up to \$150
Medically Necessary	\$0 Copay, Paid in Full	Up to \$150
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Additional Pairs Discount	Members also receive a 40% discount off complete pair eyeglass purchase and 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

Additional Purchases and Out-of-Pocket Discount

Member will receive a 20% discount on remaining balance at Participating Providers beyond plan coverage; the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses.

Benefits are not provided for services or materials 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; Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; 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; Plano (non-prescription) lenses and/or contact 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; Certain brand name Vision Materials in which the manufacturer imposes a no-discount policy; or 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. 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 Lenses not covered - fund as a Bifocal Lens. Standard Progressive Lens covered - fund Premium Progressive as a Standard.

*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.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Value Added Features:

In addition to the health benefits your EyeMed program offers, members also enjoy additional, value-added features including:

- **Eye Care Supplies** - Receive 20% off retail price for eye care supplies like cleaning cloths and solutions purchased at network providers (not valid on doctor's services or contact lenses).
- **Laser Vision Correction** - Save 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.
- **Replacement Contact Lens Purchases** - Visit www.eyemedcontacts.com to order replacement contact lenses for shipment to your home at less than retail price.

