

# PEHP Eyewear Only



## 40% OFF

additional complete pair of prescription eyeglasses

## 20% OFF

non-covered items, including non-prescription sunglasses

### Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

### Heads up

You may have additional benefits.

Log into [eyemed.com/member](https://eyemed.com/member) to see all plans included with your benefits.

## SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>FRAME</b> Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
<b>STANDARD PLASTIC LENSES</b> Single Vision Bifocal Trifocal Lenticular Progressive – Standard Progressive – Premium Tier 1 - 3 Progressive – Premium Tier 4	\$10 copay \$10 copay \$10 copay \$10 copay \$75 copay \$95 - 120 copay \$75 copay; 20% off retail price less \$120 allowance	Up to \$25 Up to \$40 Up to \$55 Up to \$55 Up to \$40 Up to \$40 Up to \$40
<b>LENS OPTIONS</b> Anti Reflective Coating – Standard Anti Reflective Coating – Premium Tier 1 - 2 Anti Reflective Coating – Premium Tier 3 Photochromic – Non-Glass Polycarbonate – Standard Polycarbonate – Standard < 19 years of age Scratch Coating – Standard Plastic Tint – Solid or Gradient UV Treatment All Other Lens Options	\$45 \$57 - 68 20% off retail price \$75 \$40 \$40 \$15 \$15 \$15 20% off retail price	Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered
<b>CONTACT LENSES</b> Contacts – Conventional  Contacts – Disposable  Contacts – Medically Necessary	\$0 copay; 15% off balance over \$130 allowance \$0 copay; 100% of balance over \$130 allowance \$0 copay; paid in full	Up to \$104 Up to \$104 Up to \$200
<b>OTHER</b> Hearing Care from Amplifon Network  LASIK or PRK from U.S. Laser Network	Discounts on hearing exam and 15% off retail or 5% off promo price; call 1.800.988.4221	Not covered Not covered
<b>FREQUENCY</b> Frame Lenses Contact Lenses (Plan allows member to receive either contacts and frame, or frames and lens services)	<b>ALLOWED FREQUENCY - ADULTS</b> Once every 12 months Once every 12 months Once every 12 months	<b>ALLOWED FREQUENCY - KIDS</b> Once every 12 months Once every 12 months Once every 12 months

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 866.939.3633. 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, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.