



Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilatation as Necessary	\$10 Copay	\$35
Retinal Imaging Benefit	Up to \$39	N/A
Exam Options: Standard Contact Lens Fit and Follow-Up: Premium Contact Lens Fit and Follow-Up:	Up to \$40 10% off Retail Price	N/A N/A
Frames: Any available frame at provider location	\$0 Copay; \$140 Allowance, 20% off balance over \$140	\$50
Standard Plastic Lenses Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens	\$25 Copay \$25 Copay \$25 Copay \$25 Copay \$90 Copay \$90 Copay, 80% of Charge less \$120 Allowance	\$40 \$60 \$80 \$80 \$60 \$60
Lens Options: UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized  Other Add-Ons	\$15 \$15 \$15 \$40 \$40 \$45 20% off Retail Price  20% off Retail Price	N/A N/A N/A N/A N/A N/A N/A N/A
Contact Lenses (Contact lens allowance includes materials only) Conventional Disposable Medically Necessary	\$0 Copay; \$125 allowance, 15% off balance over \$125 \$0 Copay; \$125 allowance, plus balance over \$125 \$0 Copay, Paid-in-Full	\$125 \$125 \$210
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Amplifon Hearing Health Care	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency: Examination Lenses or Contact Lenses Frame	Once every 12 months Once every 12 months Once every 24 months	
Monthly Rate Subscriber Subscriber + Spouse Subscriber + Child(ren) Subscriber + Family	\$6.22 \$9.90 \$12.47 \$16.48	

All plans are based on a 36-month contract term and 36-month rate guarantee.  
 Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

\* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. 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

**Additional Discounts:**

Member receives a 20% discount on items not covered by the plan at network Providers. 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. Services or materials provided by any other group benefit plan providing vision care may not be covered. Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision. After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). The contact lens benefit allowance is not applicable to this service. Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency. Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Rates are valid for groups domiciled in the State of TN. Fees quoted will be valid until the 1/1/2018 plan implementation date. Date quoted: 6/7/2017. Rates assume Employer contribution of 20% or less for employees and dependents. Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Policy number VC-19/VC-20, form number M-9083

**Plan Exclusions:**

- 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures;
- 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear
- 4) 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;
- 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;
- 8) 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; 9) Services or materials provided by any other group benefit plan providing vision care;
- 10) 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.

If City of Knoxville has chosen this benefit design, sign here:

**Christine Fitzgerald**  
 Signature

Digitally signed by Christine Fitzgerald  
 DN: cn=Christine Fitzgerald, o=City of Knoxville, ou=Employee Benefits, email=cfitzgerald@cityofknoxville.org, c=US  
 Date: 2017.11.10 11:43:19 -0500  
 Date



Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilatation as Necessary	\$10 Copay	\$35
<b>Complete Pair Eyeglasses Purchase Discounts*: Frame, lenses and lens options must be purchased in same transaction to receive full discount</b>		
<b>Frames:*</b> Any available frame at provider location	40% off retail price	N/A
<b>Standard Plastic Lenses</b> Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens	\$50 \$70 \$105 \$105 \$135	N/A N/A N/A N/A N/A
<b>Lens Options*:</b> UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized  Other Add-Ons	\$15 \$15 \$15 \$40 \$40 \$45 20% off Retail Price  20% off Retail Price	N/A N/A N/A N/A N/A N/A N/A N/A
<b>Contact Lenses</b> (Discount applied to materials only) Conventional Disposable	15% off retail price 0% off retail price	N/A N/A N/A
<b>Laser Vision Correction</b> Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
<b>Amplifon Hearing Health Care</b>	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	N/A
<b>Frequency:</b> Examination Lenses or Contact Lenses Frame	Once every 12 months Unlimited Unlimited	
<b>Monthly Rate</b> Per Subscriber Per Month (Composite)	\$0.38	

\*Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.

All plans are based on a 36-month contract term and 36-month rate guarantee.

Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

\* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. 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

**Additional Discounts:**

Member receives a 20% discount on items not covered by the plan at network Providers. 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. Services or materials provided by any other group benefit plan providing vision care may not be covered. Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.  
 Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group  
 Rates are valid for groups domiciled in the State of TN.  
 Fees quoted will be valid until the 1/1/2018 plan implementation date. Date quoted: 6/7/2017.  
 Rates assume Employer pays 100% Employees and 0% Dependents  
 Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York  
 Policy number VC-19/VC-20, form number M-9083

**Plan Exclusions:**

- 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures;
- 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear
- 4) 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;
- 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;
- 8) 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; 9) Services or materials provided by any other group benefit plan providing vision care;
- 10) 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.

If City of Knoxville has chosen this benefit design, sign here:

**Christine Fitzgerald**

Signature

Digitally signed by Christine Fitzgerald  
 DN: cn=Christine Fitzgerald, o=City of Knoxville, ou=Employee Benefits, email=cfitzgerald@cityofknoxville.org, c=US  
 Date: 2017.11.10 11:43:40 -0500

Date

# The secret is out

## 5 ways we challenge the status quo



We want every person to see life to the fullest. That's why we're doing things differently and providing you with more of what's best, not more of the same. And that includes the network employees want with vision benefits that redefine expectations, all while making the experience easy. After all, it takes vision to see beyond the status quo.

# 1

Network

### We offer so many options for care



Your employees can choose a provider on their terms, not ours. That's because we have the right mix of independent, national retail and regional retail providers.

# 2

Network

### In-network means online, too



Now our members can use Glasses.com and ContactsDirect as in-network providers.

# 3

Benefits

### Members love even more perks



With us, members receive an industry-leading 40% off additional pairs of glasses\* and special offers for additional savings can always be found on our website.

\*At participating, in-network providers only

# 4

Easy

### We're all about providing user friendly tools



We have the resources to help your employees when they need it: open enrollment support, our enhanced provider search tool and the industry's first mobile vision app for members.

# 5

Easy

### Service that barely sleeps



We offer award-winning service,<sup>1</sup> even on Sundays! Our live agents are available to assist you until the wee hours of the night – an average of 15 hours per day.

<sup>1</sup> Purdue University Benchmark Portal independent assessment of call centers nationwide, 2015.

Tangible results you see.  
Performance we're proud to guarantee.

97% member satisfaction  
97% client satisfaction  
99% client retention

\* Results are based upon EyeMed's internal satisfaction surveys conducted by Convergys and Walker 2014





## ONLINE, IN-NETWORK OPTIONS



# Using your in-network benefits has never been easier

To satisfy the evolving needs of our members, we've added leading online in-network options to our roster of thousands of independent providers and top optical retailers.



ContactsDirect and Glasses.com are the next step in ensuring that you, as an EyeMed member, get fast, easy and convenient access to your benefits.

To purchase contacts or lenses, you'll need a valid prescription from within the last 12 months. Use our enhanced provider locator at [eyemed.com](http://eyemed.com) to find an in-network provider for your next eye exam.

### ContactsDirect

- Order contact lenses and have them shipped straight to your door
- Use your vision benefits online to make shopping more convenient
- Your contact lenses will ship for free, once the prescription is verified

### Glasses.com

- Access the award-winning 3D virtual try-on app
- Choose from a large selection of frames and lenses, including some of the world's leading brands
- Members can apply in-network vision benefits to their transaction

## How convenient is that?





INNOVATIVE ANSWERS FOR SUN WORSHIPPERS

# Have it made in the shade with our special offers

## GO AHEAD, GET SHADY

We all love sunny days, but unprotected eyes might not agree. UV rays can cause cataracts, macular degeneration, vision loss and eye sunburn. Even in the winter time.

The good news? Sunglasses can easily block 99% of the sun's harmful rays. Thankfully you've got EyeMed. Enjoy those special savings so you can safely soak up the sun.



## \$20 OFF

any purchase, or \$50 off purchases of \$200+ at Sunglass Hut

Most pairs, most brands, most styles.\*



## 20% OFF

non-prescription sunglasses at participating in-network providers.\*\*

## HOW TO REDEEM YOUR SAVINGS

1. Create an account at [eyemed.com](http://eyemed.com) or download the EyeMed members app
2. Click on special offers to get your sun savings code to use in store or online, or pull up the offer on your mobile device anytime

## SEE THE GOOD STUFF

Register on [eyemed.com](http://eyemed.com) or grab the member app (App Store or Google Play) now.

\* Special offer just for being an EyeMed member. Coupon code required to redeem. Limitations and exclusions may apply. Login to [EyeMed.com](http://EyeMed.com) for details

\*\* Everyday offer as part of your EyeMed vision benefits. No coupon or code required. Limitations and exclusions may apply. Login to [EyeMed.com](http://EyeMed.com) for details

