



Q&A



**Below are answers to the most commonly asked questions about EyeMed Vision Care. For more information, visit our website at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) or contact EyeMed's Customer Care Center.**

## General Questions

### ***Why do I need a regular eye examination?***

Regular eye exams are crucial to your vision and overall health. Eye examinations can lead to the early detection of several vision and health-related conditions, including glaucoma, diabetes, cataracts and hypertension. And because early detection is key for treatment, regular eye examinations play a vital role in ensuring a healthy life.

Eye exams are important to all ages. The American Optometric Association recommends eye exams begin as early as 6 months of age and continue regularly throughout a person's life. Undiagnosed vision problems can interfere with learning in school-age children and can lead to irreversible vision loss significantly impacting everyday activities at any age.

### ***Will I save more with this vision care benefit, or with an eyewear coupon or other promotional offer?***

Take a moment to review your plan coverage. In almost every instance, you will find that your vision care plan delivers greater savings and lower out-of-pocket costs at more provider locations than a coupon or special offer. You can also use your benefit when it is convenient for you, without having to worry about coupon expiration dates or limited time offers. Please note, your benefit cannot be combined with any other discounts or promotional offers. You are responsible for copays, any remaining out-of-pocket expenses and applicable sales tax.

### ***Who is a subscriber?***

The subscriber is the individual who is enrolled in the program through his/her employer. Dependents include the subscriber's spouse or children, referred to as members.

### ***How do I contact the Customer Care Center?***

At EyeMed, we make customer service simple and accessible. Speak with a live representative daily, Monday through Saturday, 8:00 a.m. to 11:00 p.m. (EST) and Sunday, 11:00 a.m. to 8:00 p.m. (EST). Or access a number of automated features available online at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) or through our automated voice response system.

### ***What are your Customer Service Hours?***

EyeMed offers you the best customer service hours in the industry with live representatives available: ***Monday through Saturday 8:00 a.m. to 11:00 p.m. (EST) and Sunday 11:00 a.m. to 8:00 p.m. (EST).***



# Benefit Plan Questions

## ***How do I access my vision benefit?***

To access your vision benefit:

1. Locate the EyeMed provider most convenient for you by calling our Customer Call Center or visiting our website.
2. Schedule an appointment. When making the appointment tell the office that you are an EyeMed member and provide your name, the name of your organization or plan, and your member ID number.
3. When you arrive, identify yourself as an EyeMed member and present your ID card.
4. Your EyeMed provider will take care of the rest.

## ***Do I need an identification card to access my benefits?***

While ID cards are not required for members to receive services, EyeMed provides each subscriber with two ID cards as a courtesy. We have found that the use of ID cards can expedite the process, as they supply providers with all the information needed for eligibility verification.

## ***How do I request additional Member ID cards?***

Although member ID cards are not required to receive service, you can request additional cards through our website or by calling the Customer Care Center.

## ***Will I be able to choose any eyewear product available at an EyeMed provider location?***

Yes! With EyeMed, you can apply your benefit toward any available frame or brand of contact lenses that fit your lifestyle. Simply consult with your provider if you have any questions about how your vision care plan will be applied toward your eyewear purchase.

## ***Can I purchase two pair of eyeglasses and/or eyeglasses and contact lenses in the same benefit period?***

Yes! With discount plans, the frequency is unlimited. For funded plans, members are eligible for discounts off a complete pair of eyeglasses and conventional contact lenses once the funded benefit has been used.

This flexibility allows members to combine their funded benefit with the additional savings in order to obtain multiple pairs in one benefit period.

## ***Do you offer additional discounts beyond the benefit plan?***

Yes! You will have the following additional savings available with funded plans:

- Discounts off additional complete pairs of glasses and additional conventional contact lenses once the funded benefit has been used
- Discounts on items not fully covered by the plan
- Discounts off the balance over frame allowance
- Discounts off any remaining balance over conventional contact lens allowance

## ***How do I submit a claim?***

You are only responsible for submitting claims when using benefits at an out-of-network provider, as it is the responsibility of the provider to verify eligibility and submit the claim for in-network services.

If you visit an out-of-network provider, you will be responsible for paying the provider in full at the time of service, and then submitting the claim and receipts to EyeMed for reimbursement.

To ensure timely payment, contact our Customer Care Center or visit the EyeMed website to request an out-of-network claim form prior to seeing the doctor. Mail/Fax or e-mail the completed form along with the itemized paid receipts for services and materials to the following:

EyeMed Vision Care  
Attn: OON Claims  
P.O. Box 8504  
Mason, Ohio 45040-7111  
oonclaims@eyemedvisioncare.com  
Fax: 866-293-7373



## Provider Questions

### ***How do I locate a provider on the EyeMed network?***

To locate a provider, simply refer to the member brochure/ID cards mailed to your home, select the provider locator from our website at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) or call the Customer Care Center.

### ***Do you offer both independent and optical retailers on your panel?***

Yes. The EyeMed network is comprised of both independent and optical retail locations. Members have access to thousands of private practitioners and the nation's leading optical retailers; LensCrafters®, Target Optical®, JCPenney Optical®, Sears Optical® and most Pearle Vision® locations.

### ***How do I nominate a vision care provider to be added to your panel?***

To nominate a provider, complete a Provider Nomination Form available through EyeMed's Customer Care Center. The provider must accept and agree to the Terms and Conditions of our Professional Provider Agreement and complete the credentialing process to ensure they meet EyeMed's quality standards.

## Laser Vision Questions

### ***Do you offer a discount on laser vision correction?***

Yes. We offer members 5% off any promotional price or 15% off the retail price for treatments performed through the U.S. Laser Network, which is owned and administered by LCA-Vision.

### ***How do I access the laser vision discount?***

To access the laser vision discount:

1. Call the U.S. Laser Network at 1-877-5LASER6 to find the laser correction provider most convenient for you.
2. Schedule a consultation with the provider. When making the appointment, tell the office that you are an EyeMed member.
3. During your consultation, you and your provider will determine whether or not you are a good candidate for the procedure.
4. If you choose to proceed with the treatment, call the U.S. Laser Network to request an authorization for your discount. A refundable deposit will also be requested at this time. The authorization will be sent to you and the laser provider.
5. Schedule your procedure. After your appointment be sure to follow all post-operative instructions carefully.





Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
<b>Exam With Dilation as Necessary</b>	\$6.50 Copay	Up to \$38.50
<b>Contact Lens Fit and Follow-Up</b> <small>(Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)</small>		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
<b>Frames</b>	\$0 Copay, \$65 Allowance; 80% of charge over \$65	Up to \$44
<b>Standard Plastic Lenses</b>		
Single Vision	\$18 Copay	Up to \$29
Bifocal	\$18 Copay	Up to \$51
Trifocal	\$18 Copay	Up to \$63
Lenticular	\$18 Copay	Up to \$75
Standard Progressive Lens	\$83	Up to \$51
Premium Progressive Lens	\$83, 80% of charge less \$120 Allowance	Up to \$51
<b>Lens Options</b> <small>(paid by the member and added to the base price of the lens)</small>		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$0	Up to \$14
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate—Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	\$0	Up to \$44
Photochromic/Transitions	\$0	Up to \$70
Other Add-Ons and Services	20% off retail price	N/A
<b>Contact Lenses</b> <small>(allowance includes materials only)</small>		
Conventional	\$0 Copay, \$90 Allowance; 85% of balance over \$90	Up to \$90
Disposable	\$0 Copay, \$90 Allowance; plus balance over \$90	Up to \$90
Medically Necessary	\$0 Copay, Paid in full	Up to \$175
<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>Additional Pairs Discount</b>		
	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.	
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	

### Want to learn more?

- For a complete list of providers near you, use our Provider Locator on [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and choose the SELECT network or call 1-866-299-1358.
- For Lasik providers, call 1-877-5LASER6.

### Additional Discounts and Features:

- 40% off additional eyewear purchases.
- 20% off non-prescription sunglasses.
- 20% off remaining balance beyond plan coverage.
- Laser vision correction—15% off the retail price or 5% off the promotional price for Lasik or PRK procedures.



# Use your benefit and see great savings

## Cost for glasses with standard single-vision lenses

	With EyeMed	Without Vision Coverage**
Step 1: Get an Eye Exam	\$6.50	\$88
Step 2: Pick a Frame (allowance \$65)	\$0	\$100
Selected a \$170 frame (20% discount)	\$84	\$70
Step 3: Pick a Lens	\$18	\$75
Upgraded to standard polycarbonate	\$40	\$62
Added tint	\$0	\$25
Step 4: Total Cost	\$148.50	\$420

See the Savings **\$271.50, or a 65% savings**

## Cost for glasses with standard progressive lenses

	With EyeMed	Without Vision Coverage**
Step 1: Get an Eye Exam	\$6.50	\$88
Step 2: Pick a Frame (allowance \$65)	\$0	\$100
Selected a \$170 frame (20% discount)	\$84	\$70
Step 3: Pick a Lens	\$83	\$194
Upgraded to standard polycarbonate	\$40	\$62
Added tint	\$0	\$25
Step 4: Total Cost	\$213.50	\$539

See the Savings **\$325.50, or a 60% savings**

## Cost for disposable contact lenses

	With EyeMed	Without Vision Coverage**
Step 1: Get an Eye Exam	\$6.50	\$88
Fit and follow-up	\$40	\$74
Step 2: Purchase Contact Lenses	\$200	\$200
Allowance	\$90	\$0
Step 3: Total Cost	\$156.50	\$362

See the Savings **\$205.50, or a 57% savings**

\*\*Based on industry averages. Retail prices and costs will vary by market and provider type. Premiums not included.

Visit [EyeMedVisionCare.com](http://EyeMedVisionCare.com) to learn more.



Benefits are not provided from 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 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 Material 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 with Vision materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered—fund as a Bifocal lens. Standard Progressive lens covered—fund Premium Progressive as a Standard. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.