



Vision Care Services - OPTION 1

Member Cost In-Network

Out of Network Member Reimbursement up to:

	Member Cost In-Network	Out of Network Member Reimbursement up to:
Exam <i>With Dilatation as Necessary</i>	\$10 Copay	\$40
Frames <i>Any available frame at provider location</i>	\$0 Copay; \$130 allowance, 20% off balance over \$130	\$91
Contact Lenses <i>(Contact Lens allowance includes materials only)</i>		
Conventional	\$0 Copay, \$130 allowance, 15% off balance over \$130	\$130
Disposable	\$0 Copay, \$130 allowance, plus balance over \$130	\$130
Medically Necessary	\$0 Copay, Paid-In-Full	\$210
Standard Plastic Lenses		
Single Vision	\$10 Copay	\$30
Bifocal	\$10 Copay	\$50
Trifocal	\$10 Copay	\$70
Lenticular	\$10 Copay	\$70
Standard Progressive	\$75 Copay	\$50
Premium Progressive Tier 1	\$95 Copay	\$50
Premium Progressive Tier 2	\$105 Copay	\$50
Premium Progressive Tier 3	\$120 Copay	\$50
Premium Progressive Tier 4	\$75 Copay, 20% off charge less \$120 Allowance	\$50
Covered Lens Options		
Standard Polycarbonate - under age 19	\$0 Copay	\$32
Standard Plastic Scratch Coating	\$0 Copay	\$12
UV Treatment	\$0 Copay	\$12
Tint (Solid & Gradient)	\$0 Copay	\$12
Monthly Rate		
Subscriber	\$6.95	
Subscriber + Spouse	\$13.20	
Subscriber + Child(ren)	\$13.90	
Subscriber + Family	\$20.43	

Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option 1

Exam and Materials

Insight Network

Fully Insured

Employee Paid

Funded Benefits

Frequency

Examination

Once every 12 months

Lenses or Contact Lenses

Once every 12 months

Frame

Once every 24 months

All plans are based on a 48-month contract term and 48-month rate guarantee

Monthly Rate 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

EyeMed Vision Care 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, visit <http://www.discovereyemed.com>

Plan Details

Quote for group situated in the State of IL and will be valid until the 1/1/2018 implementation date. Date Quoted 9/12/2016. Benefit allowances provide no remaining balance for future use within the same benefit frequency. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Insured Plans are underwritten by Fidelity Security Life Insurance Company. Policy Number VC-19; Policy Form No. M-9083

Plan Exclusions

No benefits will be paid for services or materials connected with or changes 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;
- non-prescription sunglasses;

- two pair of glasses in lieu of bifocals;
- services or materials provided by any other group benefit plan providing vision care;
- 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 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 will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.



Vision Care Services - OPTION 2

Member Cost In-Network

Out of Network Member Reimbursement up to:

	Member Cost In-Network	Out of Network Member Reimbursement up to:
Exam <i>With Dilation as Necessary</i>	\$10 Copay	\$40
Frames <i>Any available frame at provider location</i>	\$0 Copay; \$175 allowance, 20% off balance over \$175	\$123
Contact Lenses <i>(Contact Lens allowance includes materials only)</i>		
Conventional	\$0 Copay, \$175 allowance, 15% off balance over \$175	\$175
Disposable	\$0 Copay, \$175 allowance, plus balance over \$175	\$175
Medically Necessary	\$0 Copay, Paid-In-Full	\$210
Standard Plastic Lenses		
Single Vision	\$0 Copay	\$30
Bifocal	\$0 Copay	\$50
Trifocal	\$0 Copay	\$70
Lenticular	\$0 Copay	\$70
Standard Progressive	\$65 Copay	\$50
Premium Progressive Tier 1	\$85 Copay	\$50
Premium Progressive Tier 2	\$95 Copay	\$50
Premium Progressive Tier 3	\$110 Copay	\$50
Premium Progressive Tier 4	\$65 Copay, 20% off charge less \$120 Allowance	\$50
Covered Lens Options		
Standard Polycarbonate - under age 19	\$0 Copay	\$32
Standard Plastic Scratch Coating	\$0 Copay	\$12
UV Treatment	\$0 Copay	\$12
Tint (Solid & Gradient)	\$0 Copay	\$12
Monthly Rate		
Subscriber	\$10.18	
Subscriber + Spouse	\$19.34	
Subscriber + Child(ren)	\$20.36	
Subscriber + Family	\$29.92	

Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option 2

Exam and Materials
Insight Network
Fully Insured
Employee Paid
Funded Benefits

Frequency

Examination

Once every 12 months

Lenses or Contact Lenses

Once every 12 months

Frame

Once every 12 months

All plans are based on a 48-month contract term and 48-month rate guarantee

Monthly Rate 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

EyeMed Vision Care 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, visit <http://www.discovereyemed.com>

Plan Details

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No benefits will be paid for services or materials connected with or changes 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;
- non-prescription sunglasses;

- two pair of glasses in lieu of bifocals;
- services or materials provided by any other group benefit plan providing vision care;
- 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 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 will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Illinois Eastern Community Colleges

Saving our members some extra green

We're committed to keeping money in our members' pockets.

That's why we offer our members additional discounts above the proposed plan benefits.

Savings for Members

40% off

additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

20% off

any item not covered by the plan, including non-prescription sunglasses

Lasik

Lasik or PRK
15% off retail price or 5% off promotional price

Hearing Care

40% off hearing exams and a low price guarantee on discounted hearing aids

Additional Discounts

Vision Care Services

Member Cost In-Network

Discounted Exam Services

Retinal Imaging Benefit

Up to \$39

Contact Lens Fit and Follow-up

(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)

Standard Contact Lens Fit & Follow-Up:

Up to \$55

Premium Contact Lens Fit & Follow-Up:

10% off retail price

Discounted Lens Options

Photochromic (Plastic)

\$75

Standard Polycarbonate - age 19 and over

\$40

Premium Anti-Reflective Coating

Standard

\$45

Tier 1

\$57

Tier 2

\$68

Tier 3

20% off Retail Price

Other Add-on Services and Materials

20% off Retail Price

Discount Details

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. 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.

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.

Discounts on vision materials may not be applicable to certain manufacturers' products

EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.

Service and amounts listed above are subject to change at any time

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.

Network

1

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.

Network

2

In-network means online, too



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

Benefits

3

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

Easy

4

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.

Easy

5

Service that barely sleeps



We offer award-winning service,¹ 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.

¹ 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

