

#### School Employees Benefits Board (SEBB) Program-Adults



DQ

40%

additional complete pair of prescription eyeglasses

20% |

non-covered items, including nonprescription sunglasses

### Find an eye doctor

(Access Network)

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

#### Heads up

You may have additional benefits.
Log into eyemed.com/member to see all plans included with your benefits.

Frame

Lenses

Contact Lenses

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES Exam	\$0 copay	Up to \$84

SUMMARY OF BENEFITS

Retinal Imaging Up to \$39 Not covered CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up – Standard Up to \$55 Not covered Fit and Follow-up - Premium 10% off retail price Not covered FRAME \$0 copay: 20% off balance Up to \$75 Frame over \$150 allowance STANDARD PLASTIC LENSES Single Vision \$0 copay Up to \$25 Bifocal \$0 copay Up to \$40 Up to \$55 Trifocal \$0 copay Up to \$55 Lenticular \$0 copay Progressive - Standard Up to \$55 \$55 copay Progressive - Premium Tier 1 - 4 \$85 - 175 copay Up to \$55 LENS OPTIONS Anti Reflective Coating – Standard \$45 Up to \$5 \$57 - 85 Anti Reflective Coating – Premium Tier 1 – 3 Up to \$5 \$75 Photochromic - Non-Glass Not covered Polycarbonate - Standard \$40 Not covered Scratch Coating - Standard Plastic \$0 copay Up to \$5 Tint - Solid or Gradient Not covered \$15 **UV Treatment** \$15 Not covered 20% off retail price All Other Lens Options Not covered **CONTACT LENSES** \$0 copay; 15% off balance over Contacts - Conventional Up to \$150 \$150 allowance \$0 copay; 100% of balance over Up to \$150 Contacts - Disposable \$150 allowance Contacts - Medically Necessary \$0 copay; paid in full Up to \$300 Hearing Care from Amplifon Network Discounts on hearing exam and Not covered aids; call 1.877.203.0675 LASIK or PRK from U.S. Laser Network 15% off retail or 5% off promo Not covered price; call 1.800.988.4221 ALLOWED FREQUENCY -**FREQUENCY ADULTS** Once every calendar year, Fxam benefits reset on 1/1

benefits reset on 1/1 even years (Plan allows member to receive either contacts and frame, or frames and lens services)

Once every 2 calendar years,

benefits reset on 1/1 even years Once every 2 calendar years.

benefits reset on 1/1 even years

Once every 2 calendar years,

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 c

# Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

#### Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from—independent eye doctors, your favorite retail stores, even online options.

#### Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits, 1 but our long list of special offers takes benefits even further.

#### Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

<sup>1</sup>Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.





## Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor—search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).







