



**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 (in lieu of contact lenses)**  
Once every 12 months

**Contacts (in lieu of lenses)**  
Once every 12 months

**Frame**  
Once every 24 months

Vision Care Services	Member Cost In-Network	Out of Network Member Reimbursement up to:
<b>Exam</b> <i>With Dilatation as Necessary</i>	\$10 Copay	\$40
<b>Frames</b> <i>Any available frame at provider location</i>	\$0 Copay; \$150 allowance, 20% off balance over \$150	\$105
<b>Contact Lenses</b> <i>(Contact Lens allowance includes materials only)</i>		
Conventional	\$0 Copay, \$150 allowance, 15% off balance over \$150	\$150
Disposable	\$0 Copay, \$150 allowance, plus balance over \$150	\$150
Medically Necessary	\$0 Copay, Paid-In-Full	\$210
<b>Standard Plastic Lenses</b>		
Single Vision	\$10 Copay	\$30
Bifocal	\$10 Copay	\$50
Trifocal	\$10 Copay	\$70
Lenticular	\$10 Copay	\$70
Standard Progressive	\$65 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	\$185 Copay	\$50
<b>Covered Lens Options</b>		
Standard Anti-Reflective	\$45 Copay	\$5
Premium Anti-Reflective Tier 1	\$57 Copay	\$5
Premium Anti-Reflective Tier 2	\$68 Copay	\$5
Premium Anti-Reflective Tier 3	\$85 Copay	\$5
<b>Monthly Rate</b>		
Subscriber	\$6.43	
Subscriber + Spouse	\$12.22	
Subscriber + Child(ren)	\$12.86	
Subscriber + Family	\$18.91	

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 TX and will be valid until the 1/1/2019 implementation date. Date Quoted 8/1/2018. 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. Percentage discounts are not part of the insurance benefit. Insured benefits 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.

By signing below, the Group agrees to receive all documents and correspondence electronically and that the Group can access the internet or the email address provided. The Group understands that the Group may revoke this authorization or request specific paper documents without revoking this authorization by contacting EyeMed by mail, email, or telephone. If Roman Catholic Diocese of Dallas has chosen this benefit design, attach this document to the group application and sign here:

9/18/2018 | 7:28 AM EDT

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Roman Catholic Diocese of Dallas

## 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 from US Laser Network  
15% off retail price or 5% off promotional price

#### Hearing Care

Amplifon Hearing Health Care Network  
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:

\$40

Premium Contact Lens Fit & Follow-Up:

10% off retail price

##### Discounted Lens Options

Photochromic (Plastic)

\$75

Tint (Solid & Gradient)

\$15

UV Treatment

\$15

Standard Plastic Scratch Coating

\$15

Standard Polycarbonate - age 19 and over

\$40

Standard Polycarbonate - under age 19

\$40

##### 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

# Explore a new vision with us



Thanks for giving EyeMed the opportunity to provide a vision benefits quote. As America's fastest growing vision benefits company,<sup>1</sup> we're looking forward to providing you with the results other groups have already seen - with us, more employees enroll, more employees visit in-network providers and more employees use their benefits.<sup>3</sup> Here's why:



## THE VISION NETWORK EMPLOYEES WANT

98% of members choose an in-network provider<sup>2</sup>

### America's largest vision network

More independent providers than anyone<sup>5</sup>

Favorite national retail chains like LensCrafters, Pearle Vision, Target Optical and Sears Optical, plus a wide selection of regional retailers, such as America's Best, Shopko, MyEyeDr. and more

### Several in-network options for buying online:

- Glasses.com
- ContactsDirect.com
- LensCrafters.com
- TargetOptical.com
- Ray-Ban.com

Eye care and eyewear directly to you at your facility with our Pop-Up Clinics\*



## BENEFITS THAT REDEFINE EXPECTATIONS

97% of members are satisfied with their benefits<sup>4</sup>

### The flexibility to design a benefits package that fits your employees

The freedom to choose any ophthalmic frame, lens or contact lens without frame towers, formularies or restrictions

Up to \$50 savings on non-prescription sunglasses at Sunglass Hut

Members-only savings on eyewear, LASIK, hearing aids and more on our Member Web

Emergency eyewear, access to providers and 24/7 support for vision care problems outside the U.S.



## ABOVE ALL ELSE, WE MAKE BENEFITS EASY

99% of clients say we're easy to work with<sup>4</sup>

Open enrollment and communication support to make sure employees understand their benefits

Welcome Kit with ID cards for all enrolled employees

User-friendly tools like our Enhanced Provider Search, our industry-first EyeMed Members App and new customized text alerts

Award-winning service available 7 days a week, with hours aligned to provider office hours

100% implementation satisfaction for the past 10 years<sup>4</sup>

Offer more of what's best—  
Contact your EyeMed rep or visit [starthere.eyemed.com](http://starthere.eyemed.com)

<sup>1</sup>Internal analysis of EyeMed membership data compared to data from leading vision benefit companies, as reported in publicly available information. <sup>2</sup>EyeMed internal book of business data, 2017 <sup>3</sup>EyeMed analysis of new business that transferred over from a prior benefits company, 2017. <sup>4</sup>EyeMed external satisfaction surveys, conducted by Walker and Convergys, 2017. <sup>5</sup>Based on the EyeMed Insight network, October 2017

\*Not available for all groups or all group sizes.