



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 | \$10 | \$88 |
| Step 2: Pick a Frame (allowance \$120) | \$0 | \$100 |
| Selected a \$170 frame (% discount) | \$50 | \$70 |
| Step 3: Pick a Lens | \$25 | \$75 |
| Upgraded to Std. Polycarbonate | \$0 | \$62 |
| Added Tint | \$15 | \$25 |
| Step 4: Total Cost | \$100 | \$420 |

See the Savings \$320, or a 76% savings

Cost for glasses with standard progressive lenses

| | With EyeMed | Without Vision Coverage** |
|--|-------------|---------------------------|
| Step 1: Get an Eye Exam | \$10 | \$88 |
| Step 2: Pick a Frame (allowance \$120) | \$0 | \$100 |
| Selected a \$170 frame (% discount) | \$50 | \$70 |
| Step 3: Pick a Lens | \$90 | \$194 |
| Upgraded to Std. Polycarbonate | \$0 | \$62 |
| Added Tint | \$15 | \$25 |
| Step 4: Total Cost | \$165 | \$539 |

See the Savings \$374, or a 69% savings

Cost for disposable contact lenses

| | With EyeMed | Without Vision Coverage** |
|---------------------------------|-------------|---------------------------|
| Step 1: Get an Eye Exam | \$10 | \$88 |
| Fit and Follow-Up | \$55 | \$74 |
| Step 2: Purchase Contact Lenses | \$200 | \$200 |
| Allowance | \$120 | \$0 |
| Step 3: Total Cost | \$145 | \$362 |

See the Savings \$217, or a 60% savings

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

Visit EyeMedVisionCare.com to learn more.

LENSCRAFTERS **PEARLE VISION** **Sears** **Optical** JCPenney Optical **Private Practitioners**

EyeMed
VISION CARE.®

Benefits are not provided for 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 eye or 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 Materials 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 when 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. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.