



www.eyemed.com

Member/Patient Services: (866) 800-5457
Insight Network
ABC Company
SUSAN SAMPLE
Member ID: 123456789
Group #: 1234567
Effective: 01/01/2023

Fully Insured and Underwritten by Fidelity Security Life Insurance Company



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UNLOCK ALL YOUR MEMBERSHIP EXTRAS. SCAN THE CODE BELOW.

EYEACS-QR

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Professional Providers Near You

ROBERT O LAUVER III OD
STRASBURG FAMILY EYE CARE LLC
548 CHESTNUT ST
COLUMBIA PA 17512
(717) 684-2979

ERIC W SELVEY OD
GARY J GYDUSH OD
JOHN H BROADDUS OD
LENSCRAFTERS
471 PARK CITY CENTER E0471
LANCASTER PA 17601
(717) 295-3001

HUNTER J PEIRCE OD
HUNTER J PEIRCE OD
350 HIGHLAND DR STE 190
MOUNTVILLE PA 17554
(717) 285-4800

EILEEN B ROHRLICK OD
PEARLE VISION
133 PARK CITY CENTER
LANCASTER PA 17601
(717) 393-3926

ANTHONY DO OD
DAVID M WERNER OD
DAVID P DEROSE OD
EYELAND OPTICAL
769 E MAIN ST
MOUNT JOY PA 17552
(717) 492-4578

AMERICAS BEST
1643 LITITZ PIKE
LANCASTER PA 17601
(717) 391-7660

RICHARD M HOPE OD
HOPES VISION EYE CARE
925 E MAIN ST
MOUNT JOY PA 17552
(717) 653-5559

ANGELA M CHANGO-HOLT OD
BERNICE I GOLL OD
DAYNA R LUCKEY OD
TARGET OPTICAL
960 LITITZ PIKE
LITITZ PA 17543
(717) 627-8255

ADDED PERKS



Create an account online to get savings including discounts on frames, lenses and contacts at providers near you or online at Glasses.com and ContactsDirect.com.



If you lose or break your glasses while travelling abroad, call our International Customer Care Center day or night at 1-513-765-2870.

* Locations subject to change. When making your appointment, please confirm all discounts and services are offered. Participating Doctors of Optometry located at or next to LensCrafters, Pearle Vision, and Target Optical are independent of, and not employed by, optical dispensary.

Notice of Privacy Practice: Your Notice of Privacy Practice can be obtained at any time by calling the phone number listed on your ID card or by visiting www.eyemed.com.

THIS QR CODE IS UNIQUE
TO YOU

Scan to instantly create your account
on member.eyemedvisioncare.com,
and access exclusive savings, benefit
info and our Provider Locator



123456789

The Certificate of Insurance is on file with your employer. Contact your employer to review a copy of the Certificate.

EYEMED VISION CARE BENEFIT

Service Type	Allowed Frequency - Adults	Allowed Frequency - Kids
Exam	Once every 12 months from the date of service	Once every 12 months from the date of service
Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service
Frame	Once every 12 months from the date of service	Once every 12 months from the date of service
Contact Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service
(Plan allows the member to receive either contacts and frame, or frame and lens services.)		
Vision Care Services		Out-of-Network Member Reimbursement
Exam Services		
Exam	\$10 copay	Up to \$40
Retinal Imaging	Up to \$39	
Contact Lens Fit and Follow-Up		
Fit and Follow-up Standard	Up to \$40	
Fit and Follow-up Prem	10% off retail price	
Frame		
Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$105
Lenses		
Single Vision	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal	\$10 copay	Up to \$70
Lenticular	\$10 copay	Up to \$70
Progressive Standard	\$75 copay	Up to \$50
Progressive Prem Tier 1 - 3	\$95 - 120 copay	Up to \$50
Progressive Prem Tier 4	\$75 copay; 20% off retail price less \$120 allowance	Up to \$50
Lens Options		
Anti Reflective Coating Standard	\$45	
Anti Reflective Coating Prem Tier 1 - 2	\$57 - 68	
Anti Reflective Coating Prem Tier 3	20% off retail price	
Photochromic Non-Glass	\$75	
Polycarbonate Standard	\$40	
Scratch Coating Standard Plastic	\$15	
Tint Solid and Gradient	\$15	
UV Treatment	\$15	
All Other Lens Options	20% off retail price	
Contact Lenses		
Contacts Conventional	\$0 copay; 15% off balance over \$150 allowance	Up to \$150
Contacts Disposable	\$0 copay; 100% of balance over \$150 allowance	Up to \$150
Contacts Medically Necessary	\$0 copay	Up to \$210
Other		
Hearing Care from Amplifon network	Up to 64% off hearing aids; call 1-877-203-0675	
Lasik or PRK From U.S. Laser Network	15% off retail or 5% off promo price; call 1-800-988-4221	

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. 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; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to 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 the 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. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits.



INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION



OPTICAL



SUSAN SAMPLE
PO BOX 000
COLUMBIA PA 17512

LANGUAGE ASSISTANCE

English Language assistance: 888-249-5194	Spanish Asistencia de idiomas: 888-249-5194	Chinese 語言協助： 888-249-5194
Korean 언어 지원： 888-249-5194	Japanese 言語サポート： 888-249-5194	French Aide linguistique: 888-249-5194

EyeMed Member/Patient Services

Visit your member website or call the number on the front of the card.

EyeMed Doctors/Providers Only

Visit eyemed.com to receive plan information or call (888) 581-3648.



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LENSCRAFTERS



Welcome to your happy place

What

What's a copay? A fixed amount that you owe at the time of your exam. Flip this over to check out yours.

What's an allowance? How much we give you to buy the frames you want. So, if your allowance is \$100 and you pick frames that are \$150, then you owe \$50.

When

When can I use my benefits? Check out the effective date on the front of your ID card above.

How often can I use them? This is what we call frequency. It's the first line item in the chart on the other side of the page.

How

How do I save more money? You receive 40% off additional complete pairs of prescription eyeglasses and 20% off non-prescription sunglasses at participating in-network eye doctors. Plus, you can access new offers 24/7 when you create an account on our website.

Where

Where can I use my benefits? Check out the eye doctors closest to you on the other side or visit our online Provider Locator to find the perfect fit. Now that's convenient.



eye
Med

Register online to start using your benefits



- Find eye doctors near you, view your benefits, see your claims, get special offers and more just by registering on the member website listed on the front of your ID card
- Download the EyeMed App on your iPhone, iPad or Android to view your benefit details and ID card right when you need it

Visit <https://eyemed.com/en-us/member-bill-of-rights> for your member rights and responsibilities, including access to services, network rights, the Local Access Plan for your specific network, if applicable (i.e. CO, TX), the grievance and appeal process, non-covered services, our business interests and more.



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