



# Levi Strauss

Take a sneak peek before enrolling

- You're on the SELECT Network
- For a complete list of **in-network** providers near you, use our **Enhanced** Provider Locator on [www.eyemed.com](http://www.eyemed.com) or call **1-866-299-1358**.
- For Lasik providers, call 1-877-5LASER6.

## SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
<b>Exam With Dilation as Necessary</b> <small>Complete Pair Eyeglasses Purchase Discounts*: Frame, lenses, and lens options must be purchased in same transaction to receive full discount</small>	\$5 off routine exam, \$10 off contact lens exam	N/A
<b>Retinal Imaging</b>	Up to \$39	N/A
<b>Frames</b>	30% off retail price	N/A
<b>Standard Plastic Lenses</b>		
Single Vision	\$50	N/A
Bifocal	\$70	N/A
Trifocal	\$105	N/A
<b>Lens Options (paid by the member and added to the base price of the lens)</b>		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Standard Progressive (Add-on to Bifocal)	\$65	N/A
Other Add-Ons and Services	20% off retail price	N/A
<b>Contact Lenses</b>		
Conventional	15% off retail price	N/A
<b>Laser Vision Correction</b>		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Hearing Care</b>		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
<b>Frequency</b>		
Examination	Unlimited	
Lenses or Contact Lenses	Unlimited	
Frame	Unlimited	

\*Items purchased separately will be discounted 20% off the retail price.

**THIS IS NOT INSURANCE**

Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) 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; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) 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. 10) 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. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

# What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.



## Download the EyeMed Members App



It's the easy way to view your ID card, see benefit details and find a provider near you.

