



Syracuse City School District

SUMMARY OF BENEFITS

Additional discounts

40% OFF

additional pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only

Take a sneak peek before enrolling

- You're on the **Insight Network**

- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1-866-804-0982

- For LASIK providers, call 1-877-5LASER6

Vision Care Services

Exam With Dilation as Necessary
Retinal Imaging

Frames

Standard Plastic Lenses

Single Vision

Bifocal

Trifocal

Lenticular

Standard Progressive Lens

Premium Progressive Lens^A

Tier 1

Tier 2

Tier 3

Tier 4

Lens Options (paid by the member and added to the base price of the lens)

UV Treatment

Tint (Solid and Gradient)

Standard Plastic Scratch Coating

Standard Polycarbonate - age 19 and over

Standard Polycarbonate - under age 19

Standard Anti-Reflective Coating

Premium Anti-Reflective Coating^A

Tier 1

Tier 2

Tier 3

Photochromic/Transitions

Polarized

Other Add-Ons and Services

In-Network

Member Cost

\$0 Copay

Up to \$39

\$0 Copay; \$150 allowance, 20% off balance over \$150

\$0 Copay

\$0 Copay

\$0 Copay

\$0 Copay

\$0 Copay

\$20 Copay - \$45 Copay

\$20 Copay

\$30 Copay

\$45 Copay

\$0 Copay, 20% off retail less \$120 Allowance

\$0

\$0

\$0

\$0

\$0

\$45

\$57 - \$68

\$57

\$68

20% off Retail Price

\$75

20% off Retail Price

20% off Retail Price

Out of Network

Reimbursement

Up to \$32

N/A

Up to \$50

Up to \$25

Up to \$39

Up to \$63

Up to \$63

Up to \$84

Up to \$84

Up to \$84

Up to \$84

Up to \$84

Up to \$84

Up to \$11

Up to \$11

Up to \$11

Up to \$28

Up to \$28

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

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

N/A

Premium Contact Lens Fit & Follow-Up:

10% off Retail Price

N/A

Contact Lenses (Contact Lens allowance includes materials only)

Conventional

\$0 copay, \$150 allowance, 15% off balance over \$150

Up to \$80

Disposable

\$0 copay, \$150 allowance, plus balance over \$150

Up to \$80

Medically Necessary

\$0 copay, Paid-In-Full

Up to \$210

Laser Vision Correction

LASIK or PRK from U.S. Laser Network

15% off the retail price or 5% off the promotional price

N/A

Hearing Care

Hearing Health Care from

Amplifon Hearing Network

40% off hearing exams and low price guarantee on discounted hearing aids

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 12 months

QL-0000034

^A Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. Providers are not required to carry all brands at all levels. 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 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 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 pairs of lenses 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. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees for materials are not covered.

Underwritten by Fidelity Security Life Insurance Company of New York, Brewster, New York. Fidelity Security Life Policy number VCN-1/VCN-2/VCN-3, form number MN-1/MN-2/MN-3. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

APP AH2

APP AH2017
APP AH2017

Get more and see more with EyeMed

The EyeMed logo, featuring the word "eye" in a lowercase sans-serif font above the word "Med" in a similar font, both in white on a green square background.

72%
AVERAGE
SAVINGS



CHOOSE A DOC

EyeMed members choose from the right mix of thousands of providers—independent eye doctors, your favorite retail stores and everything in between. Find your ideal fit at eyemed.com or the EyeMed Members App.



CREATE AN ACCOUNT

Get special offers with an account on eyemed.com. Enter your email, choose a password and sign up for emailed savings. Log in 24/7 to view your benefit details or health and wellness information.



MOBILIZE YOUR BENEFITS

The EyeMed Members App makes your benefits easy to understand—and even easier to use. Find an eye doctor near you, schedule an appointment and manage your vision benefits.

**on eye exams and glasses
for EyeMed members***

Learn more about enrolling
in EyeMed vision benefits
at enroll.eyemed.com and
see more of the good stuff

*Based on a sample transaction on the Insight network
with a covered exam and eyewear benefits

**INDEPENDENT
PROVIDER
NETWORK**



LENSCRAFTERS®
The LensCrafters logo, featuring a red heart and a blue eye icon.

**PEARLE
VISION**
EST. 1961

Target OPTICAL™

**sears
OPTICAL**