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A Member Benefit of



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Vision benefits from EyeMed

See life to the fullest



Why vision?

Because its good for your budget, health and family

Regular eye exams are in everyone's best interest

Even if you don't need vision correction or an updated prescription, annual eye exams enable your doctor to check the health of your eyes.

For your budget:

Save extra on prescription eyewear

With vision insurance benefits you can save on eye exams and eyewear. Plus, with EyeMed you get additional discounts:¹

- 40% off additional pairs of eyewear after the initial benefit has been used
- 20% off any item not covered
- 20% off any frame balance after the initial benefit has been used

For your health:

Spot potential for health risks

Proper eye care can lead to the early detection, and early treatment, of eye conditions such as glaucoma, cataracts and macular degeneration. Plus, since the eye is one of the only areas of the body where doctors have an unobstructed view of blood vessels, an eye exam may reveal the first signs of high blood pressure.

For your family:

Help your children be productive and well

Annual eye exams can protect children's vision, overall health and provide insight into their learning.

- 80% of learning in the first 12 years comes through the eyes.³
- Up to 25% of school-age children may have vision problems that can affect learning.³



Did you know?

Vision disorders are the second most prevalent health condition in the U.S.²

¹Not all providers accept discounts. Please confirm that your in-network provider honors discounts. Discounts are not insurance.

²Prevent Blindness America @ preventblindness.org

³The Discovery Eye Foundation, Learning-related vision problems, July 2014

Benefits that are easy to understand and use

With EyeMed, you get access to these helpful tools:



Welcome kit with ID card and discount information will be mailed to your home.



Self-service online tools that you can use 24/7 to:

- View/print ID cards
 - View/print your Explanation of Benefits
 - Locate a provider and make an appointment online
 - Find answers to FAQs
 - Check claim status
 - View benefits
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Members app for viewing and managing your vision benefits on the go.



Easy-to-use benefits:

1. Locate a provider via our online provider locator at eyemed.com or by calling our Customer Care Center
 2. Schedule an appointment
 3. Receive services (and pay a co-pay)
 4. We handle all the paperwork when you visit an in-network provider
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Award-winning Customer Care Center with a 99.4% first-call-resolution rate.¹

Ready to enroll?

EyePrefer offers two plan options so you can pick the one that gives you the most bang for your benefit buck based on your vision care needs.

To help you decide which plan is right for you and your family, use EyeNav – an easy-to-use interactive tool at eyemedvisioncare.com/eyenav2, or call 866-723-0596.

¹EyeMed incoming call analysis 2014.



The biggest network and the most choice. Because more is more.

EyePrefer empowers you to select the plan that's right for you

To get the most for your benefit dollar, choose the plan that best meets your specific vision care needs and wants.

Vision Care Services	Essential		Enhanced	
	Member Cost	Out-of-Network Reimbursement	Member Cost	Out-of-Network Reimbursement
Exam with Dilation as Necessary	\$10 Copay	\$35	\$0 Copay	\$35
Exam Options:				
Standard Contact Lens Fit and Follow-Up:	Up to \$55	N/A	\$0 Copay, Paid-in-full fit and two followup visits	\$40
Premium Contact Lens Fit and Follow-Up:	10% off Retail Price	N/A	\$0 Copay, 10% off retail price, then apply \$55 allowance	\$40
Retinal Imaging Benefit	Up to \$39	N/A	Up to \$39	N/A
Frames: <i>Any available frame at provider location</i>	\$0 Copay, \$100 allowance, 20% off balance over \$100	\$60	\$0 Copay, \$160 allowance, 20% off balance over \$160	\$96
Standard Plastic Lenses				
Single Vision	\$20 Copay	\$25	\$10 Copay	\$25
Bifocal	\$20 Copay	\$40	\$10 Copay	\$40
Trifocal	\$20 Copay	\$55	\$10 Copay	\$55
Standard Progressive lens	\$85 Copay	\$40	\$10 Copay	\$57
Premium Progressive Lens	\$85 Copay, 80% of Charge less \$120 Allowance	\$40	\$10 Copay, 80% of Charge less \$120 Allowance	\$57
Lens Options:				
UV Treatment	\$15	N/A	\$0 Copay	\$9
Tint (Solid and Gradient)	\$15	N/A	\$0 Copay	\$9
Standard Plastic Scratch Coating	\$15	N/A	\$0 Copay	\$9
Standard Polycarbonate - Adults	\$40	N/A	\$0 Copay	\$24
Standard Polycarbonate - Kids under 19	\$40	N/A	\$0 Copay	\$24
Standard Anti-Reflective Coating	\$45	N/A	\$0 Copay	\$27
Polarized	20% off Retail Price	N/A	20% off Retail Price	N/A
Other Add-Ons	20% of Retail Price	N/A	20% of Retail Price	N/A
Contact Lenses <i>Contact lens allowance includes materials only</i>				
Conventional	\$0 Copay, \$100 allowance, 15% off balance over \$100	\$80	\$0 Copay, \$160 allowance, 15% off balance over \$160	\$128
Disposable	\$0 Copay, \$100 allowance, plus balance over \$100	\$210	\$0 Copay, \$160 allowance, plus balance over \$160	\$210
Medically Necessary	\$0 Copay, Paid-in-Full		\$0 Copay, Paid-in-Full	
Laser Vision Correction Lasik or PRK from U.S. Laser Network Owned and operated by LCA Vision	15% off Retail Price or 5% off promotional price*	N/A	15% off Retail Price or 5% off promotional price	N/A
Additional Pairs Benefit:	Members also receive 40% off complete pairs of eyeglasses**	N/A	Members also receive a 40% discount off complete pair eyeglass purchases	N/A

Frequency: Examination, frame, lenses OR contact lenses once every 12 months

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Semi-Annual Rate

Subscriber	\$34.74
Subscriber + Spouse	\$65.94
Subscriber + Child(ren)	\$69.42
Subscriber + Family	\$102.06

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Subscriber + Family	\$102.06

Semi-Annual Rate

Subscriber	\$97.20
Subscriber + Spouse	\$184.68
Subscriber + Child(ren)	\$194.40
Subscriber + Family	\$285.78

Additional Plan Details

Member receives a 20% discount on items not covered by the plan at network Providers. 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. Discounts are not insurance.

Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency. Plan is underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri. Policy number VC-130 form number M-9093. Premium payments will be paid on a semi-annual basis.

Plan Exclusions

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 government agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact 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.

*Lasik discount is only available at participating Lasik provider.