

eyeSM
Med

A Member Benefit of



STATE BAR
OF WISCONSIN

Vision benefits from EyeMed

See life to the fullest

 **BULTMAN**
Financial

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
-



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
-



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	\$80	\$0 Copay, \$160 allowance, plus balance over \$160	\$128
Medically Necessary	\$0 Copay, Paid-in-Full	\$210	\$0 Copay, Paid-in-Full	\$210
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

Semi-Annual Rate

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



STATE BAR OF WISCONSIN GROUP VISION INSURANCE POLICY Member Enrollment Form

LAST NAME	FIRST	M.I.	SSN	DATE OF BIRTH	MO	DAY	YR	SEX	F	M
HOME ADDRESS - STREET				CITY	STATE		ZIP			
PHONE NUMBER			EMAIL ADDRESS							

PLAN ELECTION

ESSENTIAL PLAN
 ENHANCED PLAN

DEPENDENT INFORMATION

NAME	DATE OF BIRTH			RELATIONSHIP		
	MO	DAY	YR	SON	DAU.	OTHER

 Member Signature

 Date

FAX THIS FORM TO YOUR BULTMAN
 FINANCIAL REPRESENTATIVE AT (262) 782-1454
 OR EMAIL TO customerservice@bultmanfinancial.com



Ready to enroll?

Fill out the enrollment form and turn it in

to your Bultman Financial Representative, or email customerservice@bultmanfinancial.com.

Plan Administered by:

Bultman Financial Services, Inc.

13625 Bishop's Drive, Suite 100

Brookfield, WI 53005

Phone: 262.782.9949

Toll Free: 800.344.7040

Fax: 262.782.1454

www.bultmanfinancial.com

Plan Underwritten by:

Fidelity Security Life Insurance Company

Kansas City, Missouri

Policy No. VC-130; Form No. M-9093WI



13625 Bishops Drive, Ste 100
Brookfield, WI 53005
(262) 782-9949

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Bultman Financial Services to charge my bank account
(full name)

indicated below on the 1st day of my semi-annual billing period for payment of my State Bar of Wisconsin EyeMed Vision Care Plan premium payment.

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: Checking Savings

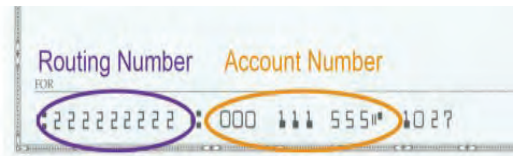
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Bultman Financial in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Bultman Financial may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.