

SouthCoast Health

Additional discounts

40% of F

Complete pair of prescription eyeglasses

20% of F

Non-prescription sunglasses

20% of F

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

Frame

Vision Care Services In-Network Member Cost Out of Network Reimbursement Eam With Dilation as Necessary \$0 Copay \$10 Copay		SUMMARY OF BENEFITS		
Services Member Cost Reimbursement Exam With Dilation as Necessary \$0.00pay 10 to \$39 10 to \$10 Retinal Imaging \$0.00pay; \$150 allowance, 20% off balance over \$150 \$0.00pay Standard Plastic Lenses \$0.00pay				
Name				
Retinal Imaging Up to \$39 N/A Frames \$0 Copay; \$150 allowance, 20% off balance over \$150 Up to \$105 Standard Plastic Lenses Up to \$30 Single Vision \$0 Copay Up to \$30 Bifficial \$0 Copay Up to \$70 Lenticular \$0 Copay Up to \$70 Standard Progressive Lens \$65 Copay Up to \$50 Premium Progressive Lens b \$65 Copay Up to \$50 Fremium Progressive Lens b \$65 Copay Up to \$50 Tier 1 \$85 Copay Up to \$50 Tier 2 \$95 Copay Up to \$50 Tier 3 \$110 Copay Up to \$50 Tier 4 \$95 Copay Wind Copay Up to \$50 Tier 3 \$110 Copay Up to \$50 Tier 4 \$95 Copay Wind Copay Up to \$50 Tier 4 \$15 M A Lens Options (poid by the member and added to the base price the lens) Wind Copay A UV Treatment \$15 M A Lens Options (poid by the member and ad	Services	Member Cost	Reimbursement	
Frames \$0 Copay; \$150 allowance, 20% off balance over \$150 Up to \$105 Standard Plastic Lenses Standard Plastic Lenses Single Wislon \$0 Copay Up to \$30 Biflocal \$0 Copay Up to \$70 Lenticular \$0 Copay Up to \$70 Standard Progressive Lens \$65 Copay Up to \$50 Fremium Progressive Lens A \$85 Copay Up to \$50 Tier 1 \$85 Copay Up to \$50 Tier 2 \$85 Copay Up to \$50 Tier 3 \$110 Copay Up to \$50 Tier 3 \$110 Copay Up to \$50 Tier 3 \$15 Copay Up to \$50 Tier 3 \$15 Copay Up to \$50 Tier 4 \$55 Copay, 20% off charge less \$120 Allowance Up to \$50 Tier 3 \$110 Copay Up to \$50 Lens Options (good by the member and added to the base price of the lens) WA UV Treatment \$15 NA NA Limit (Solid and Gradiant) \$15 NA NA Standard Polycarbonate age 19 \$40	Exam With Dilation as Necessary	\$0 Copay	Up to \$40	
Standard Plastic Lenses Single Vision	Retinal Imaging	Up to \$39	N/A	
Single Vision \$0 Copay Up to \$30 Bifocal \$0 Copay Up to \$570 Trifocal \$0 Copay Up to \$70 Standard Progressive Lens \$65 Copay Up to \$50 Premium Progressive Lens ⁶ \$85 Copay Up to \$50 Fler 1 \$85 Copay Up to \$50 Tier 1 \$85 Copay Up to \$50 Tier 3 \$110 Copay Up to \$50 Tier 3 \$150 Copay Up to \$50 Tier 4 \$85 Copay 20% off charge less \$120 Allowance Up to \$50 Tier 3 \$110 Copay Up to \$50 Tier 4 \$85 Copay 20% off charge less \$120 Allowance Up to \$50 UV Treatment \$15 N/A N/A Time 5 \$15 N/A N/A N/A Standard Polycarbonate under age 19 \$40 N/A N/A Standard Polycarbonate under age 19 \$40 N/A N/A Standard Polycarbonate under age 19 \$40 N/A N/A Standard Polycarbonate age 19 and over	Frames	\$0 Copay; \$150 allowance, 20% off balance over \$150	Up to \$105	
Bifocal \$0 Copay Up to \$50 Trifocal \$0 Copay Up to \$70 Lenticular \$0 Copay Up to \$70 Standard Progressive Lens \$65 Copay Up to \$50 Premium Progressive Lens \$85 Copay Up to \$50 Tier 2 \$95 Copay Up to \$50 Tier 3 \$101 Copay Up to \$50 Tier 4 \$65 Copay, 20% off charge less \$120 Allowance Up to \$50 Tier 4 \$10 Copay Up to \$50 Tier 5 (paid by the member and added to the bose price of the lens) UV Treatment N/A Lens Options (paid by the member and added to the bose price of the lens) UV Treatment N/A Tim 5 (Solid and Gradiant) \$15 N/A Standard Polycarbonate age 19 and over \$40 N/A Standard Polycarbonate age 19 and over \$40 N/A Standard Polycarbonate age 19 and over \$57 N/A Standard Polycarbonate age 19 and over \$57 N/A Standard Polycarbonate age 19 and over \$40 N/A Standard Polycarbonate age 19 and over \$57	Standard Plastic Lenses			
Trifocal \$0 Copay Up to \$70 Lenticular \$0 Copay Up to \$70 Standard Progressive Lens \$65 Copay Up to \$50 Premium Progressive Lens \$85 Copay Up to \$50 Tier 1 \$85 Copay Up to \$50 Tier 2 \$95 Copay Up to \$50 Tier 3 \$110 Copay Up to \$50 Tier 4 \$65 Copay, 20% off charge less \$120 Allowance Up to \$50 Lens Options (paid by the member and added to the boss price of the lens) UV Treatment \$15 N/A UV Treatment \$15 N/A N/A Standard Polycarbonate - age 19 and over \$40 N/A Standard Polycarbonate - age 19 and over \$40 N/A Standard Polycarbonate - under age 19 \$40 N/A Standard Polycarbonate - under age 19 \$40 N/A Standard Polycarbonate - under age 19 \$40 N/A Tier 1 \$25 \$68 N/A Tier 2 \$26 N/A Tier 3 \$20% off Retail Price N/A	Single Vision	\$0 Copay	Up to \$30	
Lenticular SO Copay Up to 570 Standard Progressive Lens 565 Copay Up to 550 Premilum Progressive Lens 585 Copay - \$110 Copay Up to 550 Tier 1 \$85 Copay Up to 550 Tier 2 \$95 Copay Up to 550 Tier 3 \$110 Copay Up to 550 Tier 4 \$65 Copay, 20% off charge less \$120 Allowance Up to 550 Lens Options (paid by the member and added to the base price of the lens) V VUY Treatment \$15 N/A Tint (Solid and Gradiant) \$15 N/A Standard Polysarbonate - age 19 and over \$40 N/A Standard Polycarbonate - age 19 and over \$45 N/A Standard Polycarbonate - age 19 \$40 N/A Standard Polycarbonate - age 19 \$40 N/A Premium Anti-Reflective Coating \$57 - 568 N/A Tier 2 \$66 N/A Tier 3 \$00 N/A Tier 3 \$00 N/A Tier 2 \$68 N/A Polarized <td>Bifocal</td> <td>\$0 Copay</td> <td>Up to \$50</td>	Bifocal	\$0 Copay	Up to \$50	
Standard Progressive Lens	Trifocal	\$0 Copay	Up to \$70	
Premium Progressive Lens ⁶ \$85 Copay - \$110 Copay Up to \$50 Tier 1 \$85 Copay Up to \$50 Tier 2 \$95 Copay Up to \$50 Tier 3 \$110 Copay Up to \$50 Tier 4 \$65 Copay, 20% off charge less \$120 Allowance Up to \$50 Lens Options (paid by the member and added to the base price of the lens) V Lens Options (paid by the member and added to the base price of the lens) V Lens Options (paid by the member and added to the base price of the lens) V Lens Options (paid by the member and added to the base price of the lens) V Lens Options (paid by the member and added to the base price of the lens) V Lens Options (paid by the member and added to the base price of the lens) V Lens Options (paid by the member and added to the base price of the lens) V Lens Options (paid by the member and added to the base price of the lens) N/A Lens Options (paid by the member and added to the base price of the lens) N/A Lens Options (paid by the member and added to the base price of the lens) N/A Standard Contact Lens (paid want and the lens price of \$57 - \$68 N/A Lens Option (paid the fleetile Price)	Lenticular	\$0 Copay	Up to \$70	
Tier 1 \$85 Copay Up to \$50 Tier 2 \$95 Copay Up to \$50 Tier 3 \$110 Copay Up to \$50 Tier 4 \$65 Copay, 20% off charge less \$120 Allowance Up to \$50 Less Options (poid by the member and added to the base price of the lens) VICT can be standard Plastic Scratch Coating \$15 N/A Timit (\$Glid and Gradiant) \$15 N/A N/A Standard Polycarbonate - age 19 and over \$40 N/A Standard Polycarbonate - age 19 \$40 N/A Standard Polycarbonate - age 19 \$40 N/A Standard Anti-Reflective Coating \$45 N/A Premium Anti-Reflective Coating * \$57 - \$68 N/A Tier 2 \$68 N/A Tier 3 \$75 - \$68 N/A Tier 2 \$68 N/A Polarized 20% off Retail Price N/A Cher Add-Ons and Services \$75 Real Price N/A Cher Add-Ons and Services \$40 N/A Cher Add Contact Lens Fit & Follow-Up: \$40 N/A	Standard Progressive Lens	\$65 Copay	Up to \$50	
Tier 2 \$95 Copay Up to \$50 Tier 3 \$110 Copay Up to \$50 Tier 4 \$65 Copay, 20% off charge less \$120 Allowance Up to \$50 Lens Options (poid by the member and added to the base price of the lens) UV Treatment \$15 N/A Tint (Solid and Gradiant) \$15 N/A Standard Polycarbonate - age 19 and over \$40 N/A Standard Polycarbonate - under age 19 \$40 N/A Standard Anti-Reflective Coating \$57 - \$68 N/A Premium Anti-Reflective Coating \$57 - \$68 N/A Tier 1 \$57 N/A Tier 2 \$68 N/A Tier 3 \$75 N/A Tier 3 \$75 N/A Tier 2 \$68 N/A Tier 3 \$75 N/A Tier 2 \$68 N/A Tier 3 \$75 N/A Tier 4 \$75 N/A Tier 2 \$86 N/A Other Add-Ons and Services \$75	Premium Progressive Lens ^Δ	\$85 Copay - \$110 Copay	Up to \$50	
Tier 3 Tier 4 Sin Copay Sic Copay, 20% off charge less \$120 Allowance Vip to \$50 Tier 4 Sic Copay, 20% off charge less \$120 Allowance Vip to \$50 Vip to \$5	Tier 1	\$85 Copay	Up to \$50	
Tier 4 \$65 Copay, 20% off charge less \$120 Allowance Up to \$50 Lens Options (poid by the member and added to the base price of the lens) UV Treatment \$15 N/A Tint (Solid and Gradiant) \$15 N/A Standard Pollycarbonate - age 19 and over \$40 N/A Standard Polycarbonate - age 19 and over \$40 N/A Standard Polycarbonate - under age 19 \$40 N/A Standard Polycarbonate - under age 19 \$45 N/A Standard Polycarbonate - under age 19 \$55 - \$68 N/A Fremium Anti-Reflective Coating \$55 - \$68 N/A Tier 1 \$57 N/A Tier 2 \$58 N/A Tier 3 N/A Photochromic/Transitions \$75 N/A Polarized 20% off Retail Price N/A Other Add-Ons and Services 20% off Retail Price 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 Contact Lens F	Tier 2	\$95 Copay	Up to \$50	
Lens Options (pold by the member and added to the base price of the lens) UV Treatment 515 N/A Tint (Solid and Gradiant) \$15 N/A Standard Plastic Scratch Coating \$15 N/A Standard Plastic Scratch Coating \$15 N/A Standard Polycarbonate - age 19 and over \$40 N/A Standard Polycarbonate - under age 19 \$40 N/A Standard Anti-Reflective Coating \$45 N/A Standard Anti-Reflective Coating \$57 - \$68 N/A Tier 1 \$57 N/A Tier 2 \$68 N/A Tier 2 \$68 N/A Tier 2 \$0% off Retail Price N/A Photochromic/Transitions \$75 N/A Photochromic/Transitions \$75 N/A Photochromic/Transitions \$75 N/A Cother Add-Ons and Services 00% off Retail Price N/A Cother Add-Ons and Services 00% off Retail Price N/A Contact Lens Fit aff Follow-Up: \$40 N/A Premium Contact Lens Fit & Follow-Up: \$40 N/A Premium Contact Lens Fit & Follow-Up: 10% off Retail Price N/A Conventional \$00 copay, \$150 allowance, plus balance over \$150 Up to \$150 Disposable \$00 copay, \$150 allowance, plus balance over \$150 Up to \$150 Medically Necessary \$00 copay, Paid-in-Full Up to \$210 Laser Vision Correction LASIK or PRK from U.S. Laser Network 15% off hearing exams and low price guarantee on discounted hearing aids Frequency Examination 0nce every 12 months	Tier 3	\$110 Copay	Up to \$50	
UV Treatment \$15 N/A Tint (Solid and Gradiant) \$15 N/A Standard Polycarbonate - age 19 and over \$40 N/A Standard Polycarbonate - under age 19 \$40 N/A Standard Polycarbonate - under age 19 \$40 N/A Standard Polycarbonate - under age 19 \$40 N/A Standard Anti-Reflective Coating \$45 N/A Premium Anti-Reflective Coating \$57 - \$68 N/A Tier 1 \$57 N/A Tier 1 \$57 N/A Tier 2 \$68 N/A Tier 3 20% off Retail Price N/A Photochromic/Transitions \$75 N/A Ploairized 20% off Retail Price N/A Polairized 20% off Retail Price 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: \$40 N/A Premium Contact Lens Fit & Follow-Up: \$40 N/A Contact Lens Fit & Follow-Up: \$40 N/A Premium Contact Lens Fit & Follow-Up: \$40 N/A Premium Contact Lens Fit & Follow-Up: \$40 N/A Contact Lens	Tier 4	\$65 Copay, 20% off charge less \$120 Allowance	Up to \$50	
Tint (Solid and Gradiant) Standard Plastic Scratch Coating Standard Polycarbonate - age 19 and over Standard Polycarbonate - age 19 and over Standard Polycarbonate - under age 19 S40 N/A Standard Anti-Reflective Coating S57 Fo8 N/A Premium Anti-Reflective Coating S57 S68 N/A Tier 1 S57 Tier 1 S57 Tier 2 S68 N/A Tier 3 20% off Retail Price N/A Poloarized 20% off Retail Price N/A Other Add-Ons and Services 20% off Retail Price N/A Other Add-Ons and Services 20% off Retail Price N/A Other Add-Ons and Services N/A Premium Contact Lens Fit & Follow-Up: Standard Contact Lens Fit & Follow-Up: S00 Soc pay, \$150 allowance, 15% off balance over \$150 N/A Contact Lens Fit & Follow-Up: S00 copay, \$150 allowance, plus balance over \$150 Up to \$150 Medically Necessary S00 copay, Paid-In-Full LASIK or PRK from U.S. Laser Network S15% off the retail price or 5% off the promotional price N/A Plearing Care Hearing Health Care from Amplifon Hearing Network Once every 12 months	Lens Options (paid by the member and added to the base price of	the lens)		
Standard Plastic Scratch Coating \$15	UV Treatment	\$15	N/A	
Standard Polycarbonate - age 19 and over 540	Tint (Solid and Gradiant)	\$15	N/A	
Standard Polycarbonate - age 19 and over 540	Standard Plastic Scratch Coating	\$15	N/A	
Standard Polycarbonate - under age 19 Standard Anti-Reflective Coating \$45 Premium Anti-Reflective Coating \$57 - \$68 N/A Tier 1 \$57 N/A Tier 2 \$68 N/A Tier 3 20% off Retail Price N/A Photochromic/Transitions \$75 N/A Other Add-Ons and Services 20% off Retail Price N/A Other Add-Ons and Services 20% off Retail Price N/A Other Add-Ons and Services 20% off Retail Price N/A Other Add-Ons and Services 20% off Retail Price N/A Other Add-Ons and Services 20% off Retail Price N/A Other Add-Ons and Services 20% off Retail Price N/A Other Add-Ons and Services 00% off Retail Price N/A Other Add-Ons and Services 00% off Retail Price N/A Other Add-Ons and Services 00% off Retail Price N/A Other Add-Ons and Services 00% off Retail Price N/A Other Add-Ons and Services 00% off Retail Price N/A Other Add-Ons and Services 00% off Retail Price N/A Other Add-Ons and Services 00% off Retail Price N/A Other Add-Ons and Services 00% off Retail Price N/A Other Add-Ons and Services 00% off Retail Price N/A Premium Contact Lens Fit & Follow-Up: 00% off Retail Price 00%	•	\$40		
Standard Anti-Reflective Coating \$45 Premium Anti-Reflective Coating \$57 - \$68 N/A Tier 1 \$57 Xier 1 \$56 Xight		\$40		
Premium Anti-Reflective Coating ^A \$57 - \$68 N/A Tier 1 \$57 N/A Tier 2 \$68 N/A Tier 3 20% off Retail Price N/A Photochromic/Transitions \$75 N/A Polarized 20% off Retail Price N/A Other Add-Ons and Services 20% off Retail Price 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.) N/A Standard Contact Lens Fit & Follow-Up: \$40 N/A Premium Contact Lens Fit & Follow-Up: \$40 N/A Premium Contact Lens Fit & Follow-Up: 10% off Retail Price N/A Conventional \$0 copay, \$150 allowance, 15% off balance over \$150 Up to \$150 Disposable \$0 copay, \$150 allowance, plus balance over \$150 Up to \$210 Medically Necessary \$0 copay, \$150 allowance, plus balance over \$150 Up to \$210 Laser Vision Correction 15% off the retail price or 5% off the promotional price N/A Hearing Care 40% off hearing exams and low price guarantee N/A Hearing Health Care from Amplifon Hearing Network 40% off hearing exams and low price		\$45	N/A	
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Amplifon Hearing Network on discounted hearing aids Frequency Examination Once every 12 months	_			
Frequency Examination Once every 12 months				
Examination Once every 12 months	Amplifon Hearing Network	on discounted hearing aids		
,	Frequency			
	Examination	Once every 12 months		
Lenses (in lieu of contact lenses) Once every 12 months	Lenses (in lieu of contact lenses)	Once every 12 months		
Contacts (in lieu of lenses) Once every 12 months	Contacts (in lieu of lenses)	Once every 12 months		

Once every 24 months

QL-0000042113

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

^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. All 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 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 anyWorkers' 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. 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 or materials are not covered.

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72%

AVERAGE SAVINGS



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