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### **Exela Technologies**

EXAM SERVICES  Exam  Setinal Imaging  Setinal Imaging  Setinal Imaging  CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up - Standard Fit and Follow-up - Premium  Fit and Follow-up - Premium  Frame  So copay; 20% off balance over \$1.35 allowance  STANDARD PLASTIC LENSES  Single Vision  Bifocal Firifocal Sin copay Single Vision Sinde Sin copay Single Vision Single Vi	SUN	MMARY OF BENEFITS	
Exam Retinal Imaging  CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up - Standard Fit and Follow-up - Premium  Frame  SO copay; 20% off balance over \$135 allowance  STANDARD PLASTIC LENSES Single Vision Bifocal S10 copay S10 copa S10 co			OUT-OF-NETWORK MEMBER REIMBURSEMENT
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two follow-up visits Fit and Follow-up - Premium  FRAME Frame  \$0 copay; 20% off balance over \$135 allowance  STANDARD PLASTIC LENSES Single Vision  Sifu copay Sifu copay Sifu copay Up to \$26 Sifu copay Up to \$34 Trifocal Sifu copay Up to \$53 Lenticular 20% off retail price Progressive - Standard Progressive - Premium S70 copay; 20% off retail price less \$120 allowance  LENS OPTIONS Anti Reflective Coating - Standard Anti Reflective Coating - Premium 20% off retail price Not covered Polycarbonate - Standard S45 Anti Reflective Coating - Premium 20% off retail price Not covered Polycarbonate - Standard S40 Not covered S71 copay; 20% off retail price Not covered Not covered Not covered Not covered S71 copay; 20% off retail price S72 copay; 20% off retail price Not covered Not covered Not covered Not covered Not covered S73 copay; 20% off retail price Not covered Not cover	ONTACT LENS FIT AND FOLLOW-UP		
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Bifocal Trifocal S10 copay Up to \$34 Trifocal S10 copay Up to \$53 Lenticular Progressive - Standard Progressive - Premium S70 copay Vp to \$50 Progressive - Premium S70 copay Vp to \$50 Progressive - Premium S70 copay: 20% off retail price less \$120 allowance  LENS OPTIONS Anti Reflective Coating - Standard Anti Reflective Coating - Premium S40 Polycarbonate - Standard S40 Not covered Scratch Coating - Standard S40 Not covered Scratch Coating - Standard S15 Not covered UV Treatment S15 Not covered UV Treatment S15 Not covered All Other Lens Options CONTACT LENSES Contacts - Conventional S0 copay: 15% off balance over S135 allowance Contacts - Disposable Contacts - Medically Necessary S0 copay: 100% of balance over \$135 allowance Contacts - Medically Necessary Up to \$20 OTHER Hearing Care from Amplifon Network Up to 64% off hearing aids; call 1.877.203.0675 LASIK or PRK from U.S. Laser Network Place Conce every calendar year Once every calendar	TANDARD PLASTIC LENSES		
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Trifocal \$10 copay Up to \$53 Lenticular 20% off retail price Not covered Progressive - Standard \$70 copay; 20% off retail price Progressive - Premium \$70 copay; 20% off retail price less \$120 allowance  LENS OPTIONS Anti Reflective Coating - Standard \$45 Not covered Anti Reflective Coating - Premium 20% off retail price Not covered Polycarbonate - Standard \$40 Not covered Scratch Coating - Standard \$40 Not covered Scratch Coating - Standard \$15 Not covered Worth Coating - Standard \$15 Not covered Scratch Coating - Standard \$15 Not covered Mile - Solid and Gradient \$15 Not covered Worth Court - Solid and Gradient \$15 Not covered Worth Covered Worth Contact - Poptions 20% off retail price Not covered All Other Lens Options 20% off retail price Not covered CONTACT LENSES Contacts - Conventional \$0 copay; 15% off balance over Up to \$108 \$135 allowance Contacts - Disposable \$0 copay; 100% of balance over \$135 allowance Contacts - Medically Necessary \$0 copay; paid in full Up to \$210  OTHER Hearing Care from Amplifon Network Up to 64% off hearing aids; call 1.877.203.0675 LASIK or PRK from U.S. Laser Network 15% off retail or 5% off promo price; call 1.800.988.4221  FREQUENCY ALLOWED FREQUENCY - ALLOWED FREQUENCY - ADULTS Once every calendar year Once every calendar year		• •	•
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(Plan allows member to receive either contacts and frame, or frames and lens services)

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; 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; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, Cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; 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; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be requ

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#### Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,<sup>1</sup> but our long list of special offers takes benefits even further.

#### Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

<sup>1</sup>Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.





## Create a member account at eyemed.com

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