



HCP FINANCIAL & MGMT SVCS, LLC

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilatation as Necessary	\$10 Co-pay	Up to \$35
Frames	\$140 allowance; 80% of balance over \$140	Up to \$56
Standard Plastic Lenses		
Single Vision	\$10 Co-pay	Up to \$25
Bifocal	\$10 Co-pay	Up to \$40
Trifocal	\$10 Co-pay	Up to \$60
Standard Progressive Lens	\$10 Co-pay	Up to \$85
Premium Progressive Lens	\$10, 80% of charge less \$120 allowance	Up to \$85
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	20% off retail	N/A
Tint (Solid and Gradient)	20% off retail	N/A
Standard Plastic Scratch Coating	20% off retail	N/A
Standard Polycarbonate	Covered in full	N/A
Standard Anti-Reflective Coating	20% off retail	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	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off Retail	N/A
Contact Lenses		
Conventional	\$155 allowance; 15% off retail price over \$155	Up to \$109
Disposable	\$155 allowance; balance over \$155	Up to \$109
Medically Necessary	\$0 Co-pay; Paid-in-Full	Up to \$200
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

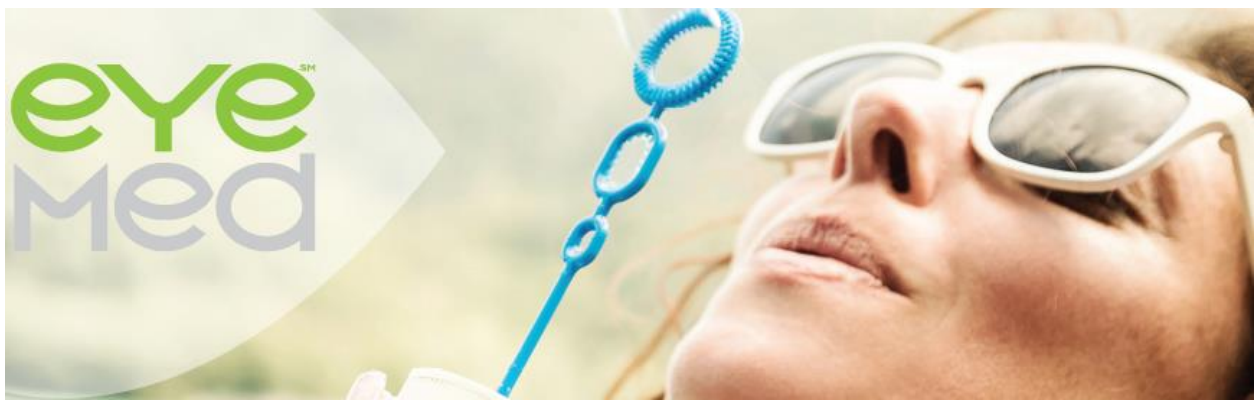
20% OFF

Remaining balance beyond plan coverage

These discounts are for in-network providers only

Take a sneak peek before enrolling

- You're on the SELECT Network
- For a complete list of **in-network** providers near you, use our **Enhanced** Provider Locator on www.eyemed.com or call **1-866-299-1358**.
- For Lasik providers, call 1-877-5LASER6.



What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.

Benefits Snapshot	With EyeMed	Out-of-Network Reimbursement
Exam with dilation as necessary (Once every 12 months)	\$10 Co-pay	Up to \$35
Frames (Once every 24 months)	\$140 allowance; 80% of balance over \$140	Up to \$56
Single Vision Lenses (Once every 12 months) Or Contacts (Once every 12 months)	\$10 Co-pay \$155 allowance; balance over \$155	Up to \$25 Up to \$109



Download the EyeMed Members App

It's the easy way to view your ID card, see benefit details and find a provider near you.



*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections.