

# CT. Business & Industry (CBIA)

| Vision Care Services   | In-Network Member Cost                           | Out-of-Network Reimbursement |
|--|--|------------------------------|
| <b>Exam With Dilation as Necessary</b>   | \$5 off routine exam, \$10 off contact lens exam | N/A                          |
| Complete Pair Eyeglasses Purchase Discounts*: Frame, lenses, and lens options must be purchased in same transaction to receive full discount |  |                              |
| <b>Frames</b>  | 35% off retail price                             | N/A                          |
| <b>Standard Plastic Lenses</b>   |  |                              |
| Single Vision  | \$50   | N/A                          |
| Bifocal  | \$70   | N/A                          |
| Trifocal   | \$105  | N/A                          |
| <b>Lens Options</b> (paid by the member and added to the base price of the lens)   |  |                              |
| UV Treatment   | \$15   | N/A                          |
| Tint (Solid and Gradient)  | \$15   | N/A                          |
| Standard Plastic Scratch Coating   | \$15   | N/A                          |
| Standard Polycarbonate   | \$40   | N/A                          |
| Standard Anti-Reflective Coating   | \$45   | N/A                          |
| Standard Progressive (Add-on to Bifocal)   | \$65   | N/A                          |
| Other Add-Ons and Services   | 20% off retail price                             | N/A                          |
| <b>Contact Lenses</b>  |  |                              |
| Conventional   | 15% off retail price                             | N/A                          |
| <b>Laser Vision Correction</b>   |  |                              |
| Lasik or PRK from U.S. Laser Network   | 15% off retail price or 5% off promotional price | N/A                          |
| <b>Frequency</b>   |  |                              |
| Examination  | Unlimited  |                              |
| Lenses or Contact Lenses   | Unlimited  |                              |
| Frame  | Unlimited  |                              |

### Want to learn more?

- For a complete list of providers near you, use our Provider Locator on [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and choose the ACCESS network or call 1-866-723-0596.
- For Lasik providers, call 1-877-5LASER6.

### Additional Discounts and Features:

- 40% off additional eyewear purchases.
- 20% off non-prescription sunglasses.
- 20% off remaining balance beyond plan coverage.
- Laser vision correction - 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.

# Save on eye exams, eyeglasses, contact lenses and time.

Because vision care should be simple.



Everyone needs proper vision care. But you've got a job to do and a life to live. That's why at EyeMed Vision Care, we design our benefits to fit the way you live, work and play.

## Balancing eye health and vision wellness with overall health care.

- Besides measuring your vision, regular eye exams can help identify early signs of serious health conditions like diabetes, heart disease and high blood pressure.

## See well, look great and save!

- Enjoy the freedom to choose from top brand-name frames that fit your lifestyle.
- Select the latest in contact lens technology.
- Receive value above and beyond the benefit, including unlimited 40 percent off additional complete pairs of eyewear. You never have to pay full price for eyewear needs.

## It's vision care, on your terms.

- Find the eye care professional that's right for you, with access to thousands of independent eye doctors and top optical retailers across the country.
- Schedule appointment times that fit your schedule; weekdays, plus evenings and weekends.
- Find answers when you need them—our customer care agents are available seven days a week to assist you.

Visit [EyeMedVisionCare.com](https://www.eyemedvisioncare.com) to learn more and to find an eye doctor near you.

LENSCRAFTERS    JCPenney Optical 

Benefits are not provided for services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; Medical and/or surgical treatment of the eye, eyes or supporting structures; Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; 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; Plano (non-prescription) lenses and/or contact lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Certain brand name Vision Materials in which the manufacturer imposes a no-discount policy; or 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. 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.

**EyeMed**  
VISION CARE®