

Reimbursements

www.fedvp.com Email: info@fedvp.com

Any Vision Office

See a PPO Vision Office for Savings

Dr. Expensive, Costco, *Even your HMO Provider*

Exam \$ 45

Discount with PPO Providers

Reimbursement Amount

Maximum Fee

Member Pays

Eye Med Providers

Single Vision \$ 40

\$ 50

\$ 10

Bifocal \$ 60

\$ 70

\$ 10

Trifocal \$ 75

\$ 105

\$ 30

Contacts \$120

No line bifocal

or progressive power \$ 80

Frames \$ 80

35% off retail a \$200 pair of glasses
available stock 35% off price = \$ 130

\$130 minus \$80 Reimbursement = \$50 Out of Pocket

\$10 Lenses

\$50 for those \$ 200 Frames

\$60 total cost member cost for a \$400 Pair of Glasses

We Fix the Maximum Cost for all those Extras

Lens Options

No Over Charging!

UV Coating \$ 15

Tint (Solid and Gradient) \$ 15

Standard Scratch-Resistance \$ 15

Standard Polycarbonate \$ 40

Standard Progressive (Add-on to Bifocal) \$ 65

Standard Anti-Reflective Coating \$ 45

Frequency Allowance Exam 12 Months Lens 12 Months Frames 24 Months

Eye Med Fusion Discount Overlay Benefit Design Summary Access Plan D
Discounted Exam Benefit and a Defined Materials Discount Benefit

Limitations, Exclusions and Elimination Periods

Vision Care Services

Member Cost

Exam with Dilation as Necessary:

\$10 off contact lens exam
 \$5 off routine exam

Complete Pair Glasses Purchase**: Frame, lenses and lens options purchased in same transaction

Standard Plastic Lenses**:

Single Vision	\$50
Bifocal	\$70
Trifocal	\$105

Frames:

Any frame available at provider location	35% off retail price
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Lens Options:

UV Coating	\$15
Tint (Solid and Gradient)	\$15
Standard Scratch-Resistance	\$15
Standard Polycarbonate	\$40
Standard Progressive (Add-on to Bifocal)	\$65
Standard Anti-Reflective Coating	\$45

Contact Lenses (1):

(Discount applied to materials only)

Conventional	15% off retail price
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Laser Vision Correction:

Lasik or PRK	15% off retail price – or - 5% off promotional price
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Frequency:

Examinations:	Unlimited
Frame	Unlimited
Lenses	Unlimited
Contact Lenses	Unlimited

**The 35% discount is only available when a complete pair of glasses is purchased.

Items purchased separately will be discounted 20% off the retail price.

(1) After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedcisioncare.com. The contact lens benefit allowance is applicable to this services

Member will receive a 20% discount on items purchased at participating Providers not included under plan coverage. 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location.

Plan Limitations/Exclusions:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes or supporting structures
- Corrective eyewear required by an employer as a condition of employment
- Services provided as a result of any Worker's Compensation law
- Plano non-prescription lenses and non prescription sun glasses (except for 20% discount)
- Two pair of glasses in lieu of bifocals

Administrator: www.fedvp.com email info@fedvp.com

LIMITATIONS. Covered Expenses will not include and no benefits will be payable for expenses incurred for:

1. vision examinations more than the frequency as indicated on the plan definition page.
2. lenses more than the frequency as indicated on the plan definition page.
3. frames more than the frequency as indicated on the plan definition page.
4. contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens or frames benefit during the twelve month period. When lenses and frames are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
5. examinations performed or frames or lenses ordered before the Insured was covered under the eye care expense benefits.
6. subject to extension of benefits, any examination performed or frame or lens ordered after the insured's coverage under the eye care expense benefits ceases.
7. sub-normal eye care aids; orthoptic or eye care training or any associated testing.
8. non-prescription lenses.
9. replacement or repair of lost or broken lenses or frames except at normal intervals.
10. any eye examination or corrective eyewear required by an employer as condition of employment.
11. medical or surgical treatment of the eyes.
12. any service or supply not shown on the Schedule of Eye Care Procedures.
13. coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.
14. lenses and frames during the first twelve months that a person is insured under the eye care expense benefits, when the person is a Late Entrant, clients who drop out and wish to reenroll as defined.