

YOUR CUSTOM VISION QUOTE

Nassau County Board of County




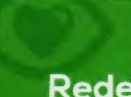

CS-23-088

More of what's best, not more of the same

Get the most out of your vision plan with these EyeMed highlights

- Ability to use the frame and contact lens allowances in the same benefit year-worth up to an extra \$130.00¹
- Separate contact lens fit & follow-up coverage leaving the entire allowance for materials

Plus, with us, you always get

 NETWORK Reinventing choice and convenience	 BENEFITS Redefining flexibility and value	 EASY Reimagining simple and transparent
<ul style="list-style-type: none"> • America's Largest vision network² • The right mix of independent eye doctors and national and regional retail providers – so members can go where they want, when they want • In-network options for buying glasses and contacts online at glasses.com, lenscrafters.com, contactsdirect.com, targetoptical.com and rayban.com – with benefits applied directly in the shopping cart 	<ul style="list-style-type: none"> • The freedom to choose any prescription frame, lens or contact lens without restrictions at any of our retail and independent provider locations, or at one of our many online options. • Complimentary HealthyEyes wellness program that keeps the focus on eye health with online tools, articles and videos to make the conversation around vision even easier. • Members enjoy exclusive savings on LASIK at preferred providers, including \$800 off or 5% off the in-store promotional price.³ 	<ul style="list-style-type: none"> • Cost transparency with our Know Before You Go cost estimator • Digital Tools like online scheduling⁴, a mobile app and personalized text alerts

We can't wait to work with you-

Contact Mason Smith Acct Spec Tier1 at msmith9@eyemed.com with questions

¹ This document provides highlights of one or more EyeMed plans. Frame allowances may vary by plan. Please consult your EyeMed representative for more information.

² Based on the EyeMed Insight network, Spring 2022.

³ Preferred lasik providers include LasikPlus, TLC Laser Eye Centers and The LASIK Vision Institute

⁴ At select locations

We're committed to keeping money in our members' pockets. That's why we offer our members additional discounts above the proposed plan benefits

VISION CARE SERVICES	IN-NETWORK MEMBER COST
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EXAM SERVICES

Retinal Imaging

Up to \$39

LENS OPTIONS

Photochromic – Non-Glass

\$75

Polycarbonate – Standard

\$40

Scratch Coating – Standard Plastic

\$15

Tint – Solid or Gradient

\$15

UV Treatment

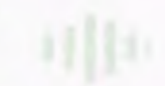
\$15

All Other Lens Options

20% off retail price

40%OFF

additional pairs of glasses

**20%OFF**any item not covered by the plan,
including non-prescription sunglasses**15%OFF**retail price or 5% off promotional price
for Lasik or PRK from US Laser Network**UP TO 64%OFF**hearing aids, with an extended
warranty and free batteries through
Amplifon Hearing Health Care Network

Members can get exclusive additional discounts and deals that are often stackable with their vision benefits at member.eyemedvisioncare.com

DISCOUNT DETAILS

Discounts are not insured benefits. Member receives a 20% discount on items not covered by the insurance plan at EyeMed In-Network locations. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time.



SUMMARY OF BENEFITS

Benefits

As Is
Exam & Materials
Insight
Fully Insured
Employee Paid

Monthly rates

Subscriber
\$5.12

Subscriber + Spouse
\$9.21

Subscriber + Child(ren)
\$9.71

Subscriber + Family
\$15.34

VISION CARE SERVICES

EXAM SERVICES (once every plan year)

Exam
Fit and Follow-Up – Standard

Fit and Follow-Up – Premium

FRAME (once every other plan year)

Frame

STANDARD PLASTIC LENSES *in lieu of contacts* (once every plan year)

Single Vision \$15 copay
Bifocal \$15 copay
Trifocal/Lenticular \$15 copay
Progressive – Standard \$70 copay
Progressive – Premium Tier I, II, or III \$100, \$110, or \$125 copay
Progressive – Premium Tier IV \$190 copay

LENS OPTIONS

Anti Reflective Coating – Standard \$45 copay
Anti Reflective Coating – Premium Tier I, II, or III \$57, \$68, or \$85 copay

CONTACT LENSES *in lieu of lenses* (once every plan year)

Contacts – Conventional \$0 copay; 15% off balance over \$105 allowance
Contacts – Disposable \$0 copay; 100% of balance over \$105 allowance
Contacts – Medically Necessary \$0 copay; paid-in-full

IN-NETWORK MEMBER COST

\$10 copay
\$15 copay; contact lens fit and two follow-up visits
\$15 copay; 10% off retail price, then apply \$40 allowance

\$0 copay; 20% off balance over \$130 allowance

\$15 copay
\$15 copay
\$15 copay
\$70 copay
\$100, \$110, or \$125 copay
\$190 copay

\$45 copay
\$57, \$68, or \$85 copay

\$0 copay; 15% off balance over \$105 allowance
\$0 copay; 100% of balance over \$105 allowance
\$0 copay; paid-in-full

OUT-OF-NETWORK MEMBER REIMBURSEMENT

Up to \$40
Up to \$40

Up to \$40

Up to \$91

Up to \$30
Up to \$50
Up to \$70
Up to \$50
Up to \$50
Up to \$50

Up to \$5
Up to \$5

Up to \$74
Up to \$74
Up to \$210

All plans are based on a 48 month contract and 48 month rate guarantee. Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. The Plan reserves the right to make changes to the products available on each tier.

Plan Details

Quote for group situated in the State of FL and will be valid until the 01/01/2024 implementation date. Date Quoted 05/26/2023. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9191. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Plan Exclusions/Limitations

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 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) lenses; 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.

By signing below, the Group agrees to receive all documents and correspondence electronically and that the Group can access the internet or the email address provided. The Group understands that the Group may revoke this authorization or request specific paper documents without revoking this authorization by contacting EyeMed by mail, email, or telephone. If Nassau County Board of County Commissioners has chosen this benefit design, attach this document to the group application and sign here

Signature

P201603 TCO Q-C0008258 QL-0000093846

12-20-23

Date