

## Access Vision Plan Options

Access Network, Fixed Fee

No Participation or Contribution Requirements

Vision Care Services	Member Cost	Out-of-Network
<b>Exam with Dilatation as Necessary:</b>	\$10 Copay	Up to \$35.00 allowance
<b>Exam Options:</b> Standard Contact Lens Fit and Follow Up: * Premium Contact Lens Fit and Follow Up: **	Up to \$55 10% off retail	N/A N/A
<b>Frames:</b> Any frame available at provider location	\$0 Copay; \$120 allowance, 20% off balance over \$120	Up to \$60.00 allowance
<b>Standard Plastic Lenses:</b> Single Vision Bifocal Trifocal  Standard Progressive** Premium Progressive**	\$10 Copay \$10 Copay \$10 Copay  \$75 \$75, 80% of Charge less \$120 Allowance	\$25.00 \$40.00 \$55.00  \$40.00 \$40.00
<b>Lens Options:</b> UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance  Standard Polycarbonate Standard Anti-Reflective Other Add-Ons and Services	\$15 \$15 \$0 (gold plan) \$15 (silver plan)  \$40 \$45 20% off retail price	N/A N/A \$5 (gold plan) N/A (silver plan) N/A N/A N/A
<b>Contact Lenses:</b> <i>(Discount applies to materials only)</i> Conventional Disposable Medically Necessary	\$0 Copay; \$80 allowance, 15% off balance over \$80 \$0 Copay; \$80 allowance, plus balance over \$80 \$0 Copay, Paid-in-Full	Up to \$64.00 Up to \$64.00 \$200
<b>Laser Vision Correction:</b> (1-877-5LASER6) Lasik or PRK from U.S. Laser Network	15% off retail price – or – 5% off promotional price	N/A
<b>Frequency:</b> Examination Frame Lenses or Contact Lenses	Once every 12 months Once every 12 (gold plan) or 24 (silver plan) months Once every 12 months	

\*\* Standard/Premium Progressive lenses not covered – fund as a Bifocal Lens

Gold Plan (12/12/12)		Silver Plan (12/24/12)	
Monthly Rates	Bundled with Delta Dental	Monthly Rates	Bundled with Delta Dental
<b>2-tier</b>		<b>2-tier</b>	
Employee:	\$5.19	Employee:	\$4.56
EE + Family:	\$14.27	EE + Family:	\$12.55
<b>3-tier</b>		<b>3-tier</b>	
Employee:	\$5.19	Employee:	\$4.56
EE + One:	\$10.38	EE + One:	\$9.13
EE + Two or more:	\$14.79	EE + Two or more:	\$13.01
<b>4-tier</b>		<b>4-tier</b>	
Employee:	\$5.19	Employee:	\$4.56
EE + Spouse:	\$10.54	EE + Spouse:	\$9.26
EE + Child(ren):	\$10.12	EE + Child(ren):	\$8.90
EE + Family:	\$15.83	EE + Family:	\$13.92

## Features of EyeMed Benefits:



**To Locate Benefit Information or a Provider Call 1-866-559-5252**

- ◆ Discounts Available Directly at Retailer
- ◆ No Claims Forms to File
- ◆ No Referrals Required
- ◆ National Coverage

The EyeMed Network Consists of:

LENSCRAFTERS<sup>®</sup>

 NATIONWIDE<sup>™</sup>  
VISION  
EYE CENTERS

 Sears  
Optical

 Target  
Optical

 JCPenney  
optical

 PEARLE VISION<sup>®</sup>

Network Also Includes:

*Private Practice Opticians • Ophthalmologists • Optometrists*

***Getting an eye exam is beneficial to your health!***

Getting an eye exam is more than just testing your vision. Eye exams can assist in the early detection of vision conditions and health conditions such as:

- Glaucoma
- Diabetes
- Cataracts
- High Blood Pressure
- Astigmatism

That's why it's important to get an eye exam on a regular basis. Children need eye exams, too! Did you know the American Optometric Association recommends that children receive an eye exam as early as six months of age? Our nationwide provider network will be happy to assist you in servicing your vision care needs.

To find out more about eye examinations and eye health, visit our website at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

**DeltaVision<sup>®</sup>** is offered through Canyon Insurance Services, Inc., a wholly owned subsidiary of Delta Dental of Arizona, in partnership with EyeMed Vision Care, LLC.