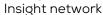
## City of San Diego - Gold





SUMMARY OF BENEFITS			
VISION CARE SERVICES	IN-NETWORK MEMBER COST AT PLUS PROVIDERS		JT-OF-NETWORK EMBER REIMBURSEMENT
EXAM SERVICES			
Exam	\$0 copay	\$0 copay	Up to \$60
Retinal imaging	\$0 copay	\$0 copay	Up to \$15
CONTACTS LENS FIT AND FOLLOW-UP			•
Fit and Follow-up - Standard	Up to \$40;	Up to \$40;	Not covered
Fit and Follow-up - Premium	10% off retail price	10% off retail price	Not covered
FRAME			
Frame	\$0 copay; 20% off balance over \$250 allowance	\$0 copay; 20% off balance over \$20 allowance	0 Up to \$140
STANDARD PLASTIC LENSES			
Single Vision	\$0 copay	\$0 copay	Up to \$43
Bifocal	\$0 copay	\$0 copay	Up to \$60
Trifocal/Lenticular	\$0 copay	\$0 copay	Up to \$75
Progressive - Standard	\$0 copay	\$0 copay	Up to \$50
Progressive - Premium Tier 1 - 3	\$85 - 110 copay	\$85 - 110 copay	Up to \$50
Progressive - Premium Tier 4	\$185 copay	\$185 copay	Up to \$50
Progressive - Premium Tier 5	\$225 copay	\$225 copay	Up to \$50
LENS OPTIONS			
Anti Reflective Coating - Standard	\$0 copay	\$0 copay	<i>Up to \$23</i>
Anti Reflective Coating - Premium Tier 1 - 2	73. 33	\$57 - 68	Not covered
Anti Reflective Coating - Premium Tier 3	\$85	\$85	Not covered
Photochromic - Non-Glass	\$25 copay	\$25 copay	Up to \$25
Polycarbonate - Standard	\$40	\$40	Not covered
Polycarbonate - Std < 19 years of age	\$0 copay	\$0 copay	Up to \$20
Scratch Coating/Tint/UV Treatment	\$15	\$15	Not covered
All Other Lens Options	20% off retail price	20% off retail price	Not covered
CONTACT LENSES			
Contacts - Conventional	\$0 copay; 15% off balance over \$250 allowance	\$0 copay; 15% off balance over \$200 allowance	D Up to \$140
Contacts - Disposable	\$0 copay; 100% of balance over \$250 allowance	\$0 copay; 100% of balance over \$20 allowance	0 Up to \$140
Contacts - Medically Necessary	\$0 copay; paid-in-full	\$0 copay; paid-in-full	Up to \$300
ADDITIONAL GLASSES ALLOWANCE			- 12 12 4223
Glasses Allowance	40% off retail*; 100% of balance over \$100	40% off retail*; 100% of balance over	\$50 Up to \$40
OTHER			- 7 - 0 4 . 0
Hearing Care from Amplifon Network	Discounts on hearing aids; call 1.877.203.0675	Discounts on hearing aids; call 1.877.	203.0675 Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered

### FREQUENCY ALLOWED FREQUENCY – ADULTS

Exam once every plan year
Frame once every plan year
Lens once every plan year
Contact Lens once every plan year
Additional Glasses Allowance once every plan year
Plan allows member to receive frame and lens services or contacts.

### ALLOWED FREQUENCY - KIDS

once every plan year once every plan year once every plan year once every plan year once every plan year

\*Complete pair (frame & lens with or without lens options) purchase required to receive 40% discount. 20% discount applied if complete pair not purchased. Log into eyemed.com/member to see all plans included with your benefits. EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633. 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 any 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 PolicySome provisions, benefits, exclusions

# Savings plus convenience plus choice

PLUS Providers add another layer of coverage

Staying in-network helps you save money on eye exams, frames and lenses. Visiting a PLUS Provider is designed to help you save even more. And since PLUS Providers are already in our network, the additional perks are built right into your vision benefits.

No promo codes, no coupons, no paperwork. The same vision benefits, plus a little more savings.





# The choice is yours

Find plenty of in-network eye doctors – including PLUS Providers – on our Provider Locator. Just look for the PLUS.

Need extra assistance? Contact us at 1.866.939.3633 or visit eyemed.com.





LENSCRAFTERS'



