Town of Clinton

Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option 1

Exam and Materials

Insight Network

Fully Insured

Employee Paid

Funded Benefits

Vision Care Services	Member Cost In-Network	Out of Network Member Reimbursement up to:
Exam *With Dilation as Necessary*	$20 Copay	$50
Frames *Any available frame at provider location*	$0 Copay; $140 allowance, 20% off balance over $140	$112
Contact Lenses *(Contact Lens allowance includes materials only)*		
Conventional	$0 Copay, $140 allowance, 15% off balance over $140	$112
Disposable	$0 Copay, $140 allowance, plus balance over $140	$112
Medically Necessary	$0 Copay, Paid-In-Full	$210
Standard Plastic Lenses		
Single Vision	$20 Copay	$42
Bifocal	$20 Copay	$78
Trifocal	$20 Copay	$130
Lenticular	$20 Copay	$130
Standard Progressive	$20 Copay	$140
Premium Progressive Tier 1	$40 Copay	$196
Premium Progressive Tier 2	$50 Copay	$196
Premium Progressive Tier 3	$65 Copay	$196
Premium Progressive Tier 4	$20 Copay, 20% off retail less $120 Allowance	$196
Covered Lens Options		
Standard Polycarbonate - under age 26	$0 Copay	$32

Frequency

Examination
Once every 12 months

Lenses (in lieu of contact lenses)
Once every 12 months

Contact Lenses (in lieu of lenses)
Once every 12 months

Frame
Once every 24 months

Monthly Rate	
Subscriber	$6.97
Subscriber + Spouse	$13.25
Subscriber + Child(ren)	$13.95
Subscriber + Family	$20.50

All plans are based on a 48-month contract term 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

EyeMed Vision Care 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, visit http://www.discovereyemed.com

Plan Details

Quote for group situsedin the State of MA and will be valid until the 7/1/2017 implementation date. Date Quoted 11/9/2016. Benefit allowances provide no remaining balance for future use within the same benefit frequency. 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. Insured benefits are underwritten by Fidelity Security Life Insurance Company. Policy Number VC-19; Policy Form No. M-9083

Plan Exclusions

No benefits will be paid for services or materials connected with or changes 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 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;
-non-prescription sunglasses;
-two pair of glasses in lieu of bifocals;
-services or materials provided by any other group benefit plan providing vision care;
-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 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 will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.