

Services	Exam and Eyewear	
<p><u>Vision Care Services</u> Exam with Dilation (as necessary): Contact Lens Fit and Follow-up: (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed) Standard Premium*</p>	<p><u>In-Network Only</u> \$10 Copay</p> <p>\$0 Copay \$0 Copay, 10% off retail, then apply \$55 allowance</p>	<p><u>Out-of-Network</u> \$35 Allowance</p> <p>\$40 Allowance \$40 Allowance</p>
<p><u>Frames:</u> Any available frame at provider location</p>	<p><u>In-Network Only</u> \$100 frame allowance, 20% off balance over allowance</p>	<p><u>Out-of-Network</u> \$45 Allowance</p>
<p><u>Standard Plastic Lenses:</u> Single Bifocal Trifocal</p>	<p><u>In-Network</u> \$10 Copay \$10 Copay \$10 Copay</p>	<p><u>Out-of-Network</u> \$25 \$40 \$55</p>
<p><u>Lens Options:</u> UV Coating Tint (Solid and Gradient) Standard Scratch Resistant Coating Standard Polycarbonate Standard Anti-Reflective Coating Standard Progressive (Add-On to Bifocal) Other Add-Ons and Services</p>	<p><u>In-Network Member Pays:</u> \$15 \$15 \$15 \$40 \$45 \$65 20% off retail</p>	<p><u>Out-of-Network</u> Discount available only at Network providers and retailers</p>
<p><u>Contact Lenses (Material Only):</u> Medically Necessary</p>	<p><u>In-Network</u> \$0 Copay, \$80 allowance, 15% off balance over allowance (conventional only). Paid in full.</p>	<p><u>Conventional and Disposable:</u> <u>Out-of-Network</u> \$64 allowance \$200 allowance</p>
<p><u>Frequency:</u> Examination Frame Lenses and Contact Lenses</p>		<p>12 months* 24 months** 12 months*</p>
<p><u>Monthly Rates (Non-Voluntary, 100% Participation):</u> Employee Only Employee Plus One Employee Plus Two Employee Plus Three or More</p>		<p>\$ TBD \$ TBD \$ TBD \$ TBD</p>
<p><u>Monthly Rates (Voluntary):</u> Employee Only Employee Plus One Employee Plus Two Employee Plus Three or More</p>		<p>\$ TBD \$ TBD \$ TBD \$ TBD</p>
<p>Go to www.EyeMedVisionCare.com to locate a provider near you, or call 1-866-723-0513 to speak to a representative.</p>		

Rates are guaranteed for 24 months.

*Premium Contact Lens Fitting – all lens designs, materials and specialty fittings other than Standard (ex: toric, multifocal, etc.)

**Once in a 12 month period defined by last date of service.

Eligibility and Participation Requirements for Standalone Vision by Design Plans: A minimum of two employees must participate. Use Non-Voluntary rates if the employer pays all the premium – 100% of all eligible employees and their dependents must participate. Use Voluntary Rates if employees contribute to the cost of the Vision Plan.

A \$10 monthly Administration Fee is included for a Vision program sold to an employer group without an additional in-force Companion Life product.

As part of the Patient Protection and Affordable Care Act (PPACA), insurers will be required to pay an annual industry fee beginning in 2014. Companion Life will incorporate this fee into our Vision billing effective January 1, 2014. This fee will be listed separately on your billing so that you see that it is a federal fee, and not a rate increase. The rates above include this fee. The Health Industry fee is intended to raise revenues that will support the individual insurance market and help fund exchanges and support medical research.