



## City of Framingham Voluntary Vision Program – NEW for 2019

The City's new voluntary vision program through EyeMed allows Framingham employees, retirees, and their families to save substantially on vision exams, glasses, and contact lenses. In-network benefits are available from local, independent providers as well as national retail chains like LensCrafters and Target Optical.

### VISION CARE SERVICES – Once per calendar year

Comprehensive Routine Vision Exam - \$10 copay

Retinal Imaging - \$39 copay

Standard Contact Lens Fitting - \$40

### FRAMES – Once per calendar year

\$140 allowance, plus 20% discount off balance. For example, a \$200 frame would cost \$48.

### STANDARD PLASTIC LENSES – Once per calendar year

Single Vision \$25 copay

Bifocal \$25 copay

Trifocal \$25 copay

Progressive \$25-\$200 copay

### LENS OPTIONS

Anti-Reflective Coating \$45-\$80 copay

Scratch Coating \$15

Tint Coating \$15

UV Coating \$15

### CONTACT LENSES – Once per calendar year, in lieu of spectacle lenses

Contacts - Conventional covered up to \$140 with a 15% discount off balance

Contacts – Disposable covered up to a \$140 allowance

Contacts - Medically Necessary \$0 copay; Paid-In-Full

### MONTHLY PRE-TAX PREMIUMS:

Employee/Retiree Only - \$6.26 Employee/Retiree plus Family - \$18.42

Deductions will be taken once per month. Rate above is for 52, 26 & monthly pay periods.

Individual Employee - \$7.51 Employee plus Family - \$22.10

Deductions will be taken once per month. Rate above is for 21, 38, 44 and 10 month pay periods. These groups do not receive checks in July and August.

# Explore a new vision with us



Thanks for giving EyeMed the opportunity to provide a vision benefits quote. As America's fastest growing vision benefits company,<sup>1</sup> we're looking forward to providing you with the results other groups have already seen - with us, more employees enroll, more employees visit in-network providers and more employees use their benefits.<sup>3</sup>



## THE VISION NETWORK EMPLOYEES WANT

98% of members choose an in-network provider<sup>2</sup>

### America's largest vision network<sup>5</sup>

The right mix of providers to match consumer preferences

Favorite national retail chains like LensCrafters, Pearle Vision and Target Optical, plus a wide selection of regional retailers, such as America's Best, Shopko, MyEyeDr. and more

Several in-network options for buying online:

- Glasses.com
- ContactsDirect.com
- LensCrafters.com
- TargetOptical.com
- Ray-Ban.com

Eye care and eyewear directly to you at your facility with our Pop-Up Clinics<sup>7</sup>



## BENEFITS THAT REDEFINE EXPECTATIONS

96% of members are satisfied with their benefits<sup>4</sup>

The flexibility to design a benefits package that fits your employees

The freedom to choose any ophthalmic frame, lens or contact lens without frame towers, formularies or restrictions

Up to \$50 savings on non-prescription sunglasses at Sunglass Hut

Members-only savings on eyewear, LASIK, hearing aids and more on our Member Web

Emergency eyewear, access to providers and 24/7 support for vision care problems outside the U.S.



## ABOVE ALL ELSE, WE MAKE BENEFITS EASY

100% of clients say we're easy to work with<sup>4</sup>

Open enrollment and communication support to make sure employees understand their benefits

Welcome Kit with ID cards for all enrolled employees

User-friendly resources like our Enhanced Provider Search, EyeMed Members App, new customized text alerts and cost transparency tools

Award-winning service available 7 days a week, with hours aligned to provider office hours

100% implementation satisfaction for the past 11 years<sup>4</sup>

Offer more of what's best—  
Contact your EyeMed rep or visit [starthere.eyemed.com](http://starthere.eyemed.com)

<sup>1</sup> Internal analysis of EyeMed membership data compared to data from leading vision benefit companies, as reported in publicly available information. <sup>2</sup> EyeMed internal book of business data, 2018 <sup>3</sup> EyeMed analysis of new business that transferred over from a prior benefits company, 2017. <sup>4</sup> EyeMed external satisfaction surveys, conducted by Walker and Convergys, 2018. <sup>5</sup> Based on the EyeMed Insight network, October 2018.

<sup>7</sup> Not available for all groups or all group sizes.



**Proposed Benefits**

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company  
 Option Optimized Option v2  
 Exam & Materials  
 Insight Network  
 Fully Insured  
 Employee Paid  
 Funded Benefits

**Frequency**

**Examination**  
 Once every plan year  
**Lenses (in lieu of contacts)**  
 Once every plan year  
**Contacts (in lieu of lenses)**  
 Once every plan year  
**Frame**  
 Once every plan year

Vision Care Services	Member Cost In-Network	Out of Network Member Reimbursement
<b>Exam</b> <i>With Dilation as Necessary</i>	\$10 copay	Up to \$50
<b>Frames</b> <i>Any available frame at provider location</i>	\$0 copay; 20% off balance over \$140 allowance	Up to \$112
<b>Contact Lenses</b> <i>(Contact Lens allowance includes materials only)</i>		
Conventional	\$0 copay; 15% off balance over \$140 allowance	Up to \$112
Disposable	\$0 copay; plus balance over \$140 allowance	Up to \$112
Medically Necessary	\$0 copay; Paid-In-Full	Up to \$210
<b>Standard Plastic Lenses</b>		
Single	\$25 copay	Up to \$42
Bifocal	\$25 copay	Up to \$78
Trifocal	\$25 copay	Up to \$130
Lenticular	\$25 copay	Up to \$130
Standard Progressive	\$25 copay	Up to \$140
Premium Progressive Tier 1	\$55 copay	Up to \$196
Premium Progressive Tier 2	\$65 copay	Up to \$196
Premium Progressive Tier 3	\$80 copay	Up to \$196
Premium Progressive Tier 4	\$200 copay	Up to \$196
<b>Covered Lens Options</b>		
Anti Reflective Coating - Standard	\$45 copay	Up to \$36
Anti Reflective Coating - Premium Tier 1	\$57 copay	Up to \$52
Anti Reflective Coating - Premium Tier 2	\$68 copay	Up to \$52
Anti Reflective Coating - Premium Tier 3	\$85 copay	Up to \$52
Polycarbonate - Standard - under 26	\$0 copay	Up to \$32
<b>Monthly Rates</b>		
Subscriber	\$6.26	
Subscriber + Family	\$18.42	

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.

**Plan Details**  
 Quote for group situated in the State of MA and will be valid until the 01/01/2020 implementation date. Date Quoted 08/22/2019. 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. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number 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. 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.

## City of Framingham

# Saving our members some extra green

We're committed to keeping money in our members' pockets.

That's why we offer our members additional discounts above the proposed plan benefits.

### Savings for Members

#### 40% off

additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

#### 20% off

any item not covered by the plan, including non-prescription sunglasses

#### Lasik

Lasik or PRK from US Laser Network  
15% off retail price or 5% off promotional price

#### Hearing Care

Amplifon Hearing Health Care Network  
40% off hearing exams and a low price guarantee on discounted hearing aids

### Additional Discounts

#### Vision Care Services

#### Member Cost In-Network

##### Discounted Exam Services

Retinal Imaging Up to \$39

##### Contact Lens Fit and Follow-up

*(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)*

Fit and follow-up - Standard \$40

Fit and follow-up - Premium 10% off retail price

##### Discounted Lens Options

Photochromic - Non-Glass \$75

Polycarbonate - Standard \$40

Scratch Coating - Standard Plastic \$15

Tint - Solid or Gradient \$15

UV Treatment \$15

##### Other Add-on Services and Materials

20% off retail price

#### Discount Details

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses.

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

EyeMed Vision Care 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

