

EyeMed New York Small Group Rates & Plan Comparison

	EyeMed Vision Care Select-Low Option				EyeMed Vision Care Select- Medium Option				EyeMed Vision Care Select- High Option							
FULLY INSURED	Option #1 - \$10/\$25 , 12-12-24 , \$100 Frame/\$115 CL				Option #2 10/25 12-12-24 \$120 Frame/\$135 CL				Option #3 - 10/10 12-12-12 \$140 Frame/\$155 CL							
MANAGED VISION CARE PLAN	Member Cost				Member Cost				Member Cost							
	In-Network		Out-of-Network		In-Network		Out-of-Network		In-Network		Out-of-Network					
Utilization Frequencies:																
Examinations			Once per 12 months				Once per 12 months				Once per 12 months					
Lenses or Contact Lenses			Once per 12 months				Once per 12 months				Once per 12 months					
Frames			Once per 24 months				Once per 24 months				Once per 12 months					
Benefits:	In-Network		Out-of-Network		In-Network		Out-of-Network		In-Network		Out-of-Network					
Exam with Dilatation as Necessary:	\$10 copay		Up to \$35		\$10 copay		Up to \$35		\$10 copay		Up to \$35					
Contact Lens Exam Options:																
Standard Contact Lens Fit & Follow Up	Up to \$40		N/A		Up to \$40		N/A		Up to \$40		N/A					
Premium Contact Lens Fit & Follow Up	10% off Retail		N/A		10% off Retail		N/A		10% off Retail		N/A					
Frames - Any available frame at provider location	No copay, \$100 allowance, 20% off balance over \$100		Up to \$50		No copay, \$120 allowance, 20% off balance over \$120		Up to \$60		No copay, \$140 allowance, 20% off balance over \$140		Up to \$70					
Standard Plastic Lenses:																
Single Vision	\$25 copay		Up to \$35		\$25 copay		Up to \$35		\$10 copay		Up to \$35					
Bifocal	\$25 copay		Up to \$49		\$25 copay		Up to \$49		\$10 copay		Up to \$49					
Trifocal	\$25 copay		Up to \$74		\$25 copay		Up to \$74		\$10 copay		Up to \$74					
Standard Progressive (Add-on to Bifocal)	\$25, 20% off retail price less \$55 allowance		Same as Bifocal		\$25, 20% off retail price less \$55 allowance		Same as Bifocal		\$10 co-pay		Up to \$95					
Lenticular Lenses	20% off Retail		N/A		20% off Retail		N/A		20% off Retail		N/A					
Lens Options:																
Tint (solid and Gradient)	20% off Retail		N/A		20% off Retail		N/A		20% off Retail		N/A					
UV Coating	20% off Retail		N/A		20% off Retail		N/A		20% off Retail		N/A					
Standard Scratch-Resistance	20% off Retail		N/A		20% off Retail		N/A		20% off Retail		N/A					
Standard Polycarbonate	20% off Retail		N/A		20% off Retail		N/A		Paid in Full		Up to 32					
Standard Anti-Reflective	20% off Retail		N/A		20% off Retail		N/A		20% off Retail		N/A					
Other Add-Ons and Services	20% off Retail		N/A		20% off Retail		N/A		20% off Retail		N/A					
Contact Lenses:																
Conventional	\$115 Retail Allowance, 15% off balance over \$115		Up to \$92		\$135 Retail Allowance, 15% off balance over \$135		Up to \$108		\$155 Retail Allowance, 15% off balance over \$155		Up to \$124					
Disposable	\$115 Retail Allowance		Up to \$92		\$135 Retail Allowance		Up to \$108		\$155 Retail Allowance		Up to \$124					
Medically Necessary	Paid in Full		Up to \$200		Paid in Full		Up to \$200		Paid in Full		Up to \$200					
Additional Discounts:	40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses		N/A		40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses		N/A		40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses		N/A					
LASIK and PRK Vision Correction:	15% off retail price OR 5% off promotional price		N/A		15% off retail price OR 5% off promotional price		N/A		15% off retail price OR 5% off promotional price		N/A					
Rates:	Employer Paid/Bundled 3 Tier/4 Tier				100% Employee Paid 3 Tier/4 Tier				Employer Paid/Bundled 3 Tier/4 Tier				100% Employee Paid 3 Tier/4 Tier			
Employee Only	\$3.92	\$3.92	\$5.36	\$5.36	\$4.36	\$4.36	\$5.96	\$5.96	\$7.32	\$7.32	\$9.92	\$9.92				
Employee + Spouse/Employee + 1	\$7.48	\$7.48	\$10.16	\$10.16	\$8.32	\$8.32	\$11.32	\$11.32	\$13.92	\$13.92	\$18.80	\$18.80				
Employee + Child/Children		\$7.84	-	\$10.72	-	\$8.72	-	\$11.92	-	\$14.64	-	\$19.80				
Employee + Family	\$10.92	\$11.52	\$14.92	\$15.72	\$12.16	\$12.84	\$16.64	\$17.52	\$20.44	\$21.52	\$27.60	\$29.08				
Rates Assume:	10 to 500 Eligible Employees				10 to 500 Eligible Employees				10 to 500 Eligible Employees							
Contract Term/Rate Guarantee:	48 Months				48 Months				48 Months							
Commission Level:	10% Commission				10% Commission				10% Commission							
Provider Network:	Access to one of the largest network including thousands of providers nationwide. Providers include ophthalmologists, optometrists, and optical retailers such as: LensCrafters, Sears Optical, Most Pearle Vision, Target Optical and others. Many retail and select independent providers offer evening and weekend hours as well as on-site labs with same day service on most material purchases.															

Please Note: Mixed contribution rates are available via EyeMed's website, where the employer pays 100% for employee and 0% for dependents (or 50% each), with no tie to medical or dental plan enrollment.

Given 30 days plan-sold notification received by EyeMed, the above rates are valid through 7/1/2008. EyeMed Sales Representatives require at least 30 days prior to implementation/plan start to begin the implementation process.

EyeMed Vision Care requires 10 employees be enrolled and maintained on the plan for rates to be valid.

The above summary is provided as a service to assist with analysis of vision benefits. This is not a contract but a comparison of benefits. Where discrepancies may occur, the official EyeMed proposed plan summary and the insurance policy including plan provisions, limitations, and exclusions will control. Insured plans are underwritten by Fidelity Security Life Insurance Company, Kansas City, Missouri except in New York. Fidelity Security Life Insurance Company policy number VC-19 and VC-20; form number M-9004.

Limitations and exclusions apply as set forth in the applicable Certificate of Insurance.



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