

Cape Cod Municipal Health Group

(Access Network)

SUMMARY OF BENEFITS

VISION CARE SERVICES	 IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
FRAME			
Frame	\$0 copay; 20% off balance over \$200 allowance	\$0 copay; 20% off balance over \$150 allowance	Up to \$120
STANDARD PLASTIC LENSES			
Single Vision	\$20 copay	\$20 copay	Up to \$47
Bifocal	\$20 copay	\$20 copay	Up to \$79
Trifocal	\$20 copay	\$20 copay	Up to \$113
Lenticular	\$20 copay	\$20 copay	Up to \$113
Progressive - Standard	\$20 copay	\$20 copay	Up to \$140
Progressive - Premium	\$20 copay; 20% off retail price less \$120 allowance	\$20 copay; 20% off retail price less \$120 allowance	Up to \$196
LENS OPTIONS			
Anti Reflective Coating - Standard	\$45	\$45	Not covered
Photochromic - Non-Glass	20% off retail price	20% off retail price	Not covered
Polycarbonate - Standard	\$0 copay	\$0 copay	Up to \$32
Scratch Coating - Standard Plastic	\$0 copay	\$0 copay	Up to \$12
Tint - Solid and Gradient	\$15	\$15	Not covered
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 \$150 allowance	\$0 copay; 15% off balance over \$150 allowance	Up to \$120
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	\$0 copay; 100% of balance over \$150 allowance	Up to \$120
Contacts - Medically Necessary	\$0 copay; paid in full	\$0 copay; paid in full	Up to \$300
ADDITIONAL GLASSES ALLOWANCE			
Glasses Allowance	40% off retail price less \$100 allowance	40% off retail price less \$50 allowance	Up to \$40
OTHER			
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Up to 64% off 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	ALLOWED FREQUENCY - KIDS	
Frame	Once every calendar year	Once every calendar year	
Lenses	Once every calendar year	Once every calendar year	
Contact Lenses	Once every calendar year	Once every calendar year	
Glasses Allowance	Once every calendar year	Once every calendar year	

(Routine benefit: Plan allows member to receive either glasses (frame, lens, lens options), or contacts. Additional Glasses Allowance: Plan allows member to receive glasses (frame and/or lens, lens options).

*Complete pair (frame & lens with or without lens options) purchase required to receive 40% discount. 20% discount applied if complete pair not purchased.

PLUS Providers not available in all states.

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: any Vision Examination; medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; 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 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 Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. 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 online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Savings plus convenience plus choice

PLUS Providers add another
layer of coverage

\$200

Frame allowance

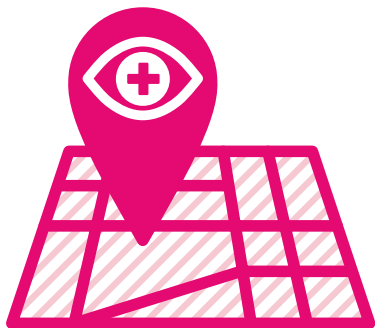
\$100

Additional glasses
allowance

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.

eye
Med



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 866.723.0596 or visit
eyemed.com.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS®

PEARLE
VISION

OPTICAL