BENEFITS

The Miller Group

Benefits

Net
Exam & Materials
Insight Network
Fully Insured
Employee Paid

Monthly rates

Subscriber
$7.96

Subscriber + Spouse
$15.93

Subscriber + Child(ren)
$15.13

Subscriber + Family
$23.78

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES once every plan year		
Exam at PLUS Providers	*$0 copay*	*Up to $40*
Exam	$10 copay	Up to $40
FRAME *in lieu of contacts* **once every other plan year**		
Any available frame at PLUS Providers	*$0 copay; 20% off balance over $210 allowance*	*Up to $80*
Frame	$0 copay; 20% off balance over $160 allowance	Up to $80
STANDARD PLASTIC LENSES *in lieu of contacts* **once every plan year**		
Single Vision	$10 copay	Up to $30
Bifocal	$10 copay	Up to $50
Trifocal/Lenticular	$10 copay	Up to $70
Progressive – Standard	$65 copay	Up to $50
Progressive – Premium Tier I, II, or III	$95, $105, or $120 copay	Up to $50
Progressive – Premium Tier IV	$225 copay	Up to $50
LENS OPTIONS		
Anti Reflective Coating – Standard	$45 copay	Up to $23
Anti Reflective Coating – Premium Tier I, II, or III	$57, $68, or $100 copay	Up to $23
CONTACT LENSES *in lieu of frame and lenses* **once every plan year**		
Contacts – Conventional	$0 copay; 15% off balance over $160 allowance	Up to $80
Contacts – Disposable	$0 copay; 100% of balance over $160 allowance	Up to $80
Contacts – Medically Necessary	$0 copay; paid-in-full	Up to $300
ADDITIONAL GLASSES ALLOWANCE once every other plan year		
Glasses Allowance at Plus Provider	*40% off retail*; 100% of balance over $100*	*Up to $40*
Glasses Allowance	40% off retail*; 100% of balance over $50	Up to $40

*Complete pair (frame & lens with or without lens options) purchase required to receive 40% discount. 20% discount applied if complete pair not purchased. All plans are based on a 48 month contract 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. The Plan reserves the right to make changes to the products available on each tier.

Plan Details

Quote for group situsedin the State of MO and will be valid until the 01/01/2024 implementation date. Date Quoted 10/25/2023. 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-146, form number M-9191. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Plan Exclusions/Limitations

No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; 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 associated supplemental testing; Aniseikonic lenses; any Vision Examination or 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.

MEMBER SAVINGS

The Miller Group

We're committed to keeping money in our members' pockets. That's why we offer our members additional discounts above the proposed plan benefits

VISION CARE SERVICES	IN-NETWORK MEMBER COST
EXAM SERVICES	
Retinal Imaging	Up to $39
CONTACT LENS FIT AND FOLLOW-UP	
Fit and Follow-Up – Standard	Up to $40
Fit and Follow-Up – Premium	10% off retail price
LENS OPTIONS	
Photochromic – Non-Glass	$75
Polycarbonate – Standard	$40
Scratch Coating – Standard Plastic	$15
Tint – Solid or Gradient	$15
UV Treatment	$15
All Other Lens Options	20% off retail price

Members can get exclusive additional discounts and deals that are often stackable with their vision benefits at *member.eyemedvisioncare.com*

40%OFF

additional pairs of glasses

20%OFF

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

15%OFF

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

UP TO 64%OFF

hearing aids, with an extended warranty and free batteries through Amplifon Hearing Health Care Network

DISCOUNT DETAILS

Discounts are not insured benefits. Member receives a 20% discount on items not covered by the insurance plan at EyeMed In-Network locations. 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. The Plan 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.

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