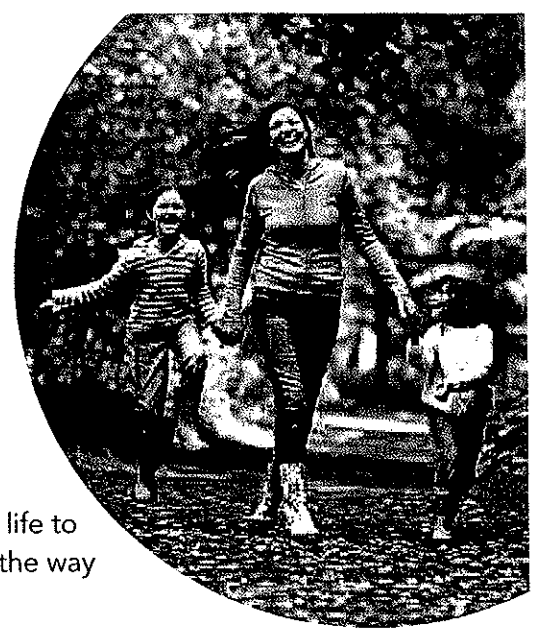


Save on eye exams, eyeglasses, contact lenses and time.

Because vision care should be simple.



Everyone needs proper vision care. But you've got a job to do and a life to live. That's why at EyeMed Vision Care, we design our benefits to fit the way you live, work and play.

Balancing eye health and vision wellness with overall health care.

- Besides measuring your vision, regular eye exams can help identify early signs of serious health conditions like diabetes, heart disease and high blood pressure.

See well, look great and save!

- Enjoy the freedom to choose from top brand-name frames that fit your lifestyle.
- Select the latest in contact lens technology.
- Receive value above and beyond the benefit, including unlimited 40 percent off additional complete pairs of eyewear. You never have to pay full price for eyewear needs.

It's vision care, on your terms.

- Find the eye care professional that's right for you, with access to thousands of independent eye doctors and top optical retailers across the country.
- Schedule appointment times that fit your schedule; weekdays, plus evenings and weekends.
- Find answers when you need them—our customer care agents are available seven days a week to assist you.

Visit EyeMedVisionCare.com to learn more and to find an eye doctor near you.

LENSCRAFTERS® **PEARLEVISION** **Sears** Optical **OPTICAL** JCPenney Optical **Private Practitioners**

EyeMed
VISION CARE.

Benefits are not provided from services or materials 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 and/or contact 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; Certain brand name Vision Material in which the manufacturer imposes a no-discount policy; or 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. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency with Vision materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered—fund as a Bifocal lens. Standard Progressive lens covered—fund Premium Progressive as a Standard.

Δ Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.

Underwritten by Combined Insurance Company of America, 5050 Broadway, Chicago, IL 60640, except in New York. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Frames	\$25 Copay, \$130 Allowance; 20% off balance over \$130	Up to \$74
Standard Plastic Lenses		
Single Vision	\$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 Lens	\$90	Up to \$78
Premium Progressive Lens (Add-on to Bifocal) ^a	\$116 - \$128	
Tier 1	\$116	Up to \$78
Tier 2	\$122	Up to \$78
Tier 3	\$128	Up to \$78
Tier 4	\$90 Copay, 80% of charge less \$120 Allowance	Up to \$78
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0	Up to \$12
Standard Polycarbonate—Adults	\$40	N/A
Standard Polycarbonate—Kids under 19	\$0	Up to \$26
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating ^a	\$57 - \$68	
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses (allowance includes materials only)		
Conventional	\$25 Copay, \$130 Allowance; 15% off balance over \$130	Up to \$104
Disposable	\$25 Copay, \$130 Allowance; plus balance over \$130	Up to \$104
Medically Necessary	\$0 Copay, Paid in full	Up to \$200
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Additional Pairs Discount	Members also receive a 40% discount off complete pair eyeglass purchase and 15% discount off conventional contact lenses once the funded benefit has been used.	
Frequency		
Lenses or Contact Lense	Once every 12 months	
Frame	Once every 24 months	

Want to learn more?

- For a complete list of providers near you, use our Provider Locator on www.eyemedvisioncare.com and choose the INSIGHT network or call 1-866-804-0982
- For Lasik providers, call 1-877-5LASER6.

Additional Discounts and Features:

- 40% off additional eyewear purchases.
- 20% off non-prescription sunglasses.
- 20% off remaining balance beyond plan coverage.
- Laser vision correction—15% off the retail price or 5% off the promotional price for Lasik or PRK procedures.