



## Large Employer Eyewear Plans

Good vision is an important part of overall health. In addition to the comprehensive eye exams covered by our medical plans, we offer coverage for vision hardware through EyeMed Vision Care®.\* Benefits include contacts, frames, lenses, and lens options.

### WHY CHOOSE AN EYEWEAR PLAN?

Here are just a few reasons to add SelectHealth Eyewear to your current medical plan:

#### Affordability and Simplicity

- > Low monthly premiums
- > Enrollment is optional at the employee level
- > Voluntary plans are available at no cost to the employer
- > Plans are designed to offer convenience, quality, and choice

#### Access and Service

- > Over 260 Utah locations, nearly 120 in Idaho, and more than 240 in Nevada. All told there are over 28,000 locations nationwide.
- > Private practitioners and leading retailers such as LensCrafters®, Target Optical®, and Pearle Vision®
- > EyeMed provides exceptional customer service, available Monday to Saturday, from 6:00 a.m. to 9:00 p.m., and Sundays, from 9:00 a.m. to 6:00 p.m.

### ADDITIONAL DISCOUNTS

You receive a 20% discount through network providers on items not covered by the plan. This discount cannot be combined with any other discounts or promotional offers. The discount does not apply to EyeMed providers' professional services or contact lenses.

After initial purchase, replacement contact lenses may be obtained online at substantial savings and mailed directly to you. Details are available at [eyemedvisioncare.com](https://www.eyemedvisioncare.com). The contact lens benefit allowance is not applicable to this service.

\*SelectHealth Eyewear is underwritten by SelectHealth and administered by EyeMed Vision Care.



Visit [eyemedvisioncare.com/locator](https://eyemedvisioncare.com/locator) and select the Access network.

# Choose a Plan

## STANDARD PLANS

PLAN A	PLAN B	PLAN C
MEMBER COST	MEMBER COST	MEMBER COST

**FRAMES** Covered once every 24 months.  
Any available frame at provider location

\$0 copay, \$100 allowance, 20% off balance over \$100 Out-of-Network: \$50 allowance	\$0 copay, \$150 allowance, 20% off balance over \$150 Out-of-Network: \$75 allowance	\$0 copay, \$200 allowance, 20% off balance over \$200 Out-of-Network: \$100 allowance
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**STANDARD PLASTIC LENSES** Covered once every 12 months. Note: either eyeglass lenses or contact lenses are covered once every 12 months, not both. Single, Bifocal, Trifocal (Progressive lenses available at higher cost-sharing)

\$10 copay Out-of-Network: \$25 allowance	\$20 copay Out-of-Network: \$25 allowance	\$25 copay Out-of-Network: \$25 allowance
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**CONTACT LENSES** Covered once every 12 months. Includes materials only, fitting and follow-up not covered. Lenses May be conventional or disposable lenses. Note: either eyeglass lenses or contact lenses are covered once every 12 months, not both.

\$115 allowance, 15% off balance over \$115 for conventional lenses Out-of-Network: \$92 allowance	\$150 allowance, 15% off balance over \$150 for conventional lenses Out-of-Network: \$120 allowance	\$200 allowance, 15% off balance over \$200 for conventional lenses Out-of-Network: \$160 allowance
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## ALLOWANCE PLANS

PLAN D	PLAN E
MEMBER COST	MEMBER COST

**FRAMES AND LENSES** Covered once every 12 months. Frame benefit may not be used in the same year as the contact lens benefit. Any available frame at provider location.

\$200 allowance for frames, lenses, and lens options, 20% off balance over \$200 Out-of-Network: \$100 allowance	\$300 allowance for frames, lenses, and lens options, 20% off balance over \$300 Out-of-Network: \$150 allowance
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**CONTACT LENSES** Covered once every 12 months. Includes materials only; fitting and follow up not covered. Contact lens benefit may not be used in the same year as the frame benefit. Conventional or Disposable.

\$200 allowance 15% off balance over \$200 for conventional lenses Out-of-Network: \$160 allowance	\$300 allowance 15% off balance over \$300 for conventional lenses Out-of-Network: \$240 allowance
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## PRICING

	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E
<b>Contributory</b>					
Single	\$4.20	\$4.60	\$5.40	\$6.30	\$8.70
Two-Party	\$8.00	\$8.70	\$10.30	\$12.00	\$16.50
Family	\$15.60	\$17.10	\$20.00	\$23.40	\$32.30
<b>Voluntary</b>					
Single	\$5.50	\$6.30	\$7.40	\$8.60	\$12.10
Two-Party	\$10.50	\$12.00	\$14.10	\$16.30	\$23.00
Family	\$20.40	\$23.40	\$27.50	\$31.90	\$44.90