



Beauty is in the details

Set your sights on vision insurance that's right for you.



MyVision Care
provided through
**eye
med**

Better savings. More options. Greater flexibility.

AARP® MyVision Care provided through EyeMed offers three plans to make it easier to afford regular eye exams as well as prescribed vision correction—so you can focus on the things you love.

Review the chart and call EyeMed at 844.243.4584 to select and purchase, or if you have any questions.



aarpmyvisioncare.com
EyeMed Customer Service: 844-243-4584

Test Tester

Member ID: EMA0000001

Effective Date: 9/1/2017

Plan: Plan B

Group #: 1007287

Network: Advantage

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INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS
♥ 👁

PEARLE
VISION

sears
OPTICAL

OPTICAL

Which option is right for you?



	Plan A		Plan B		Plan C	
	In-network member cost	Out-of-network reimbursement ¹	In-network member cost	Out-of-network reimbursement ¹	In-network member cost	Out-of-network reimbursement ¹
Exam						
Exam with dilation as necessary	\$0 co-pay	Up to \$30	\$10 co-pay	Up to \$30	\$10 co-pay	Up to \$30
Retinal imaging	Up to \$39	N/A	Up to \$39	N/A	Up to \$39	N/A
Contact lens exam options						
Standard contact lens fit and follow-up	Up to \$40	N/A	Up to \$40	N/A	N/A	N/A
Frames						
Any available frame at provider location	\$0 co-pay \$200 allowance 20% off balance over \$200	Up to \$140	\$0 co-pay \$130 allowance 20% off balance over \$130	Up to \$91	35% off retail price	N/A
Standard plastic lenses						
Single vision	\$25 co-pay	Up to \$25	\$25 co-pay	Up to \$25	\$55	N/A
Bifocal	\$25 co-pay	Up to \$40	\$25 co-pay	Up to \$40	\$75	N/A
Trifocal	\$25 co-pay	Up to \$55	\$25 co-pay	Up to \$55	\$85	N/A
Standard progressive lens	\$25 co-pay	Up to \$60	\$25 co-pay	Up to \$60	\$135	N/A
Premium progressive lens	\$25 co-pay 70% of charge less \$110 allowance	Up to \$60	\$25 co-pay 70% of charge less \$110 allowance	Up to \$60	30% off retail price	N/A
Lens options						
UV treatment	\$12	N/A	\$12	N/A	\$12	N/A
Tint (solid and gradient)	\$12	N/A	\$12	N/A	\$12	N/A
Standard plastic scratch coating	\$0 co-pay	Up to \$9	\$12	N/A	\$12	N/A
Standard polycarbonate - adults	\$0 co-pay	Up to \$25	\$35	N/A	\$35	N/A
Standard polycarbonate - kids under 19	\$0 co-pay	Up to \$25	\$35	N/A	\$35	N/A
Standard anti-reflective coating	\$0 co-pay	Up to \$28	\$40	N/A	\$40	N/A
Polarized	30% off retail price	N/A	30% off retail price	N/A	30% off retail price	N/A
Other add-ons	30% off retail price	N/A	30% off retail price	N/A	30% off retail price	N/A
Contact lenses (materials only)						
Conventional	\$0 co-pay \$200 allowance 15% off balance over \$200	Up to \$160	\$0 co-pay \$130 allowance 15% off balance over \$130	Up to \$104	15% off retail price	N/A
Disposable	\$0 co-pay \$200 allowance plus balance over \$200	Up to \$160	\$0 co-pay \$130 allowance plus balance over \$130	Up to \$104	Retail price	N/A
Medically necessary	\$0 co-pay, paid-in-full	Up to \$210	\$0 co-pay, paid-in-full	Up to \$210	N/A	N/A

Frequency			
Examination	Once every 12 months	Once every 12 months	Once every 12 months
Diabetic examination	Once every 6 months	Once every 6 months	Once every 6 months
Lenses or contact lenses	Once every 12 months	Once every 12 months	Unlimited
Frame	Once every 12 months	Once every 12 months	Unlimited
Diabetic & loss-of-sight rider benefits			
Diabetic vision benefit	Yes	Yes	Yes
Loss-of-sight benefit	Yes	Yes	Yes
Great vision benefits, plus additional savings, such as:			

40%

off

additional complete pairs
 of prescription eyeglasses.²

30%

off

retail price of progressive lenses
 after allowance.

30%

off

items not covered by plan.³

Quick view of plan rates

Get to know the costs of the three vision care plans available for you and your family.

Plan	Tier	Monthly rates
Plan A	Insured	\$31.38
	Insured + 1	\$62.88
	Insured + family	\$93.88
Plan B	Insured	\$19.38
	Insured + 1	\$38.38
	Insured + family	\$57.38
Plan C	Insured	\$4.38
	Insured + 1	\$8.38
	Insured + family	\$12.38

Select and start using the vision plan that’s right for you.

www.aarpmyvisioncare.com | call EyeMed at 844.243.4584

This program is not available in all states.

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Network administrator: EyeMed Vision Care LLC, Cincinnati, Ohio. **Plans administered by:** First American Administrators and Insurance TPA. com. Plans marketed by SASid, Inc. **Plans underwritten by:** Fidelity Security Life Insurance Company®, 3130 Broadway, Kansas City, Missouri 64111. Domicile: Missouri. NAIC No. 71870. Authorized to transact business in all states and the District of Columbia, except New York. Policy number VC-141, Policy form number M-9157CA/M-9159CA/R-03043/R-034044CA.

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OUT-OF-NETWORK REIMBURSEMENT: ¹Member reimbursement out-of-network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. 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 provider locator to determine which participating providers have agreed to the discounted rate.

DISCOUNTS: ²Complete Pair Eyeglasses Purchase Discounts: Frame, lenses, and lens options must be purchased in same transaction to receive full discount. ³Discounts are available at participating in-network providers only. Not all in-network providers offer all discounts, so please confirm your provider offers discounts prior to your appointment. Discounts are not insured benefits and do not apply to EyeMed provider's professional services, certain brand name vision materials in which the manufacturer imposes a no discount practice, or contact lenses. Discounts cannot be combined with any other discounts or promotional offers. **LIMITATIONS & EXCLUSIONS:** No benefits will be paid for services or materials connected with or charges arising from: orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses, medical, pathological, and/or surgical treatment of the eye, eyes or supporting structures; any vision examination, or any corrective eyewear required 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; non-prescription sunglasses; or two pair of glasses in lieu of bifocals (plans A & B only). Any sales tax charged by the provider as part of the transaction for covered services is not covered under this policy. Fees charged by a provider for services other than those covered under the policy must be paid in full by the insured person to the provider. Such fees or materials are not covered under this policy. Out-of-network provider expenses do not apply toward in-network provider expenses and in-network provider expenses do not apply toward out-of-network provider expenses. All providers are not required to carry all brands at all levels. **TERMINATION OF COVERAGE:** Your vision coverage will continue until the last day for which you paid the premium, subject to the grace period. Coverage will end on any premium due date the Company elects to non-renew the policy or on any date you provide a written request to cancel coverage. Any dependents covered will terminate on the same date your coverage ends; at the end of the policy year in which your dependent ceases to be eligible; or on the last day for which the premium was paid, subject to the grace period. If an act of fraud is committed against the insurance company, all coverage will end on the date such determination is made by a court of law.

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Better Benefits. Better Care.

All plans include diabetic coverage.



MyVision Care
provided through
**eye
med**



AARP® MyVision Care provided through EyeMed – Diabetic Vision Exam Benefit

WHAT'S IN IT FOR ME?

There are a lot of little things to love about AARP MyVision Care plans, like extra coverage to help with your diabetic vision exam. All members and their families who are enrolled in any AARP MyVision Care plan are eligible to receive exams for persons with diabetes such as retinal imaging and gonioscopy with a \$0 co-pay. Plus, you'll get up to two service visits a year. Take a closer look below for more details about your diabetic care vision exam benefits.

EYEMED VISION CARE DIABETIC PRODUCT

	Benefits In-network	Out-of-network reimbursement
Diabetic vision exams		
Medical Follow-up Eye Exam Type 1 and Type 2 diabetics Frequency: Once every (6) months	Covered 100% \$0 Co-pay	Up to \$77 per service
Retinal Imaging Type 1 and Type 2 diabetics Frequency: Once every (6) months	Covered 100%* \$0 Co-pay <small>*Not covered if Extended Ophthalmoscopy is provided within 6 months</small>	Up to \$54 per service
Extended Ophthalmoscopy Type 1 and Type 2 diabetics Frequency: Once every (6) months	Covered 100%* \$0 Co-pay <small>*Not covered if Retinal Imaging is provided within 6 months</small>	Up to \$19 per service
Gonioscopy Type 1 and Type 2 diabetics Frequency: Once every (6) months	Covered 100% \$0 Co-pay	Up to \$20 per service
Scanning Laser Type 1 and Type 2 diabetics Frequency: Once every (6) months	Covered 100% \$0 Co-pay	Up to \$35 per service

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DEFINITIONS

Medical Follow-up Eye Exam: Office visit for the evaluation and management of an established patient. The office visit includes taking a detailed patient history, follow-up examination services as deemed appropriate by the provider and medical decision making related to your diabetic vision care needs.

Some or all of the diagnostic services described below will be provided as deemed appropriate by your provider.

Retinal Imaging: A photograph of portions, or the complete retinal surface and structures. (Not covered if Extended Ophthalmoscopy was provided in previous 6 months.)

Extended Ophthalmoscopy: Procedure to examine the interior of the eye, focusing on the posterior segment of the eye, including the vitreous retina and optic nerve. (Not covered if Retinal Imaging was provided in previous 6 months.)

Gonioscopy: An eye examination of the front part of the eye (anterior chamber) to check the angle where the iris meets the cornea.

Scanning Laser: Computerized ophthalmic diagnostic imaging of the posterior segment of the eye.

EXCLUSIONS & LIMITATIONS

The Diabetic benefit covers diabetic eye care evaluation services only. In addition to the Exclusions in the Vision Policy, no benefits will be paid for services connected with or charges arising from:

1. Any vision materials; or
2. Services, supplies, prescription medication or treatment for diabetes, except as specifically included in the Rider

This program is only available in AZ, CA, IL, IN, MI, OH, PA, UT and WI at this time.

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Network administrator: EyeMed Vision Care LLC, Cincinnati, Ohio. **Plans administered by:** First American Administrators and InsuranceTPA.com. Plans marketed by SASid, Inc. California license #0F74483. **Plans underwritten by:** Fidelity Security Life Insurance Company®, 3130 Broadway, Kansas City, Missouri 64111. Domicile: Missouri. NAIC No. 71870. Authorized to transact business in all states and the District of Columbia, except New York. Policy number VC-141, Policy form number M-9157CA/M-9159CA/R-03043/R-03044CA.

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Better Benefits. Better Care.

All plans include loss-of-sight coverage.



MyVision Care
provided through
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AARP® MyVision Care provided through EyeMed – Loss-of-Sight Benefit

WHAT'S IN IT FOR ME?

There are a lot of little things to love about AARP MyVision Care plans, like extra coverage to help you manage loss-of-sight should you need it. You and your family are eligible to receive up to \$25,000* if you experience permanent or irrecoverable loss-of-sight due to sickness or \$10,000** when it's due to an accidental injury. The benefit amounts stated are reduced by 50% starting at age 65. The benefits are subject to the exclusions and limitations noted below.

WHO IS ELIGIBLE?

All AARP members and their dependents enrolled in an AARP MyVision Care plan will be eligible for loss-of-sight benefits.

IMPORTANT EXCLUSIONS & LIMITATIONS

In addition to the exclusions in the vision policy, no benefits will be paid for loss-of-sight due to the following:

1. Any intentionally self-inflicted injury or sickness or any attempt thereof;
2. Infections;
3. Participation in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly;
4. Any loss while the insured person is in the service of the Armed Forces of any country;
5. Declared or undeclared war or acts thereof. This does not apply to an act of terrorism;
6. Committing, attempting to commit or taking part in a felony or engaging in an illegal occupation;
7. The voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic;
8. Any injury sustained or contracted in consequence of an insured person being intoxicated, or being under the influence of any controlled substance, unless administered under the advice of a physician;
9. Flying or descending from any aircraft or air conveyance, except as a fare-paying passenger in any regularly scheduled commercial aircraft; or
10. Injury or sickness for which compensation is payable under any Workers' Compensation Law, any Occupational Disease Law or similar legislation.

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HOW TO FILE A CLAIM?

Call EyeMed at 844.243.4584 for a claim form and filing instructions.

*If the loss is due to sickness, the benefit is 50% for loss-of-sight in one eye, 100% for loss in both eyes.

**If the insured sustains an injury and within 90 days of the injury the injured suffers loss-of-sight in one or both eyes, then the benefit is payable. Only one benefit is payable in an insured's lifetime.

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