



# AGM Container Controls, Inc.



**40% OFF**

additional complete pair  
of prescription eyeglasses

**20% OFF**

non-covered items,  
including non-  
prescription sunglasses

## Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call  
1.800.988.4221

## Heads Up

You may have  
additional benefits.

Log into  
[eyemed.com/member](http://eyemed.com/member)  
to see all plans included  
with your benefits.

## SUMMARY OF BENEFITS

| VISION CARE SERVICES                                                                       | IN-NETWORK MEMBER COST                                    | OUT-OF-NETWORK MEMBER REIMBURSEMENT |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------|
| <b>EXAM SERVICES</b>                                                                       |                                                           |                                     |
| Exam                                                                                       | \$10 copay                                                | Up to \$40                          |
| Retinal Imaging                                                                            | Up to \$39                                                | Not covered                         |
| <b>CONTACT LENS FIT AND FOLLOW-UP</b>                                                      |                                                           |                                     |
| Fit and Follow-up - Standard                                                               | Up to \$40                                                | Not covered                         |
| Fit and Follow-up - Premium                                                                | 10% off retail price                                      | Not covered                         |
| <b>FRAME</b>                                                                               |                                                           |                                     |
| Frame                                                                                      | \$0 copay; 20% off balance over \$130 allowance           | Up to \$91                          |
| <b>LENSES</b>                                                                              |                                                           |                                     |
| Single Vision                                                                              | \$25 copay                                                | Up to \$30                          |
| Bifocal                                                                                    | \$25 copay                                                | Up to \$50                          |
| Trifocal                                                                                   | \$25 copay                                                | Up to \$70                          |
| Lenticular                                                                                 | \$25 copay                                                | Up to \$70                          |
| Progressive - Standard                                                                     | \$90 copay                                                | Up to \$50                          |
| Progressive - Premium Tier 1 - 3                                                           | \$110 - 135 copay                                         | Up to \$50                          |
| Progressive - Premium Tier 4                                                               | \$90 copay; 20% off retail price less \$120 allowance     | Up to \$50                          |
| <b>LENS OPTIONS</b>                                                                        |                                                           |                                     |
| Anti Reflective Coating - Standard                                                         | \$45                                                      | Not covered                         |
| Anti Reflective Coating - Premium Tier 1 - 2                                               | \$57 - 68                                                 | Not covered                         |
| Anti Reflective Coating - Premium Tier 3                                                   | 20% off retail price                                      | Not covered                         |
| Photochromic - Non-Glass                                                                   | \$75                                                      | Not covered                         |
| Polycarbonate - Standard                                                                   | \$40                                                      | Not covered                         |
| Scratch Coating - Standard Plastic                                                         | \$15                                                      | Not covered                         |
| Tint - Solid and Gradient                                                                  | \$15                                                      | Not covered                         |
| UV Treatment                                                                               | \$15                                                      | Not covered                         |
| All Other Lens Options                                                                     | 20% off retail price                                      | Not covered                         |
| <b>CONTACT LENSES</b>                                                                      |                                                           |                                     |
| Contacts - Conventional                                                                    | \$0 copay; 15% off balance over \$130 allowance           | Up to \$91                          |
| Contacts - Disposable                                                                      | \$0 copay; 100% of balance over \$130 allowance           | Up to \$91                          |
| Contacts - Medically Necessary                                                             | \$0 copay                                                 | Up to \$210                         |
| <b>OTHER</b>                                                                               |                                                           |                                     |
| Hearing Care from Amplifon Network                                                         | Up to 66% 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 | Not covered                         |
| <b>FREQUENCY</b>                                                                           | <b>ALLOWED FREQUENCY - ADULTS</b>                         | <b>ALLOWED FREQUENCY - KIDS</b>     |
| Exam                                                                                       | Once every plan year                                      | Once every plan year                |
| Lenses                                                                                     | Once every plan year                                      | Once every plan year                |
| Frame                                                                                      | Once every plan year                                      | Once every plan year                |
| Contact Lenses                                                                             | Once every plan year                                      | Once every plan year                |
| (Plan allows the member to receive either contacts and frame, or frame and lens services.) |                                                           |                                     |

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. 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 any 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; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. 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 the 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 to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits. 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.

# Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

## Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

## Keep your eyes open for extra discounts\*

Members already save an average 76% off retail using their EyeMed benefits,<sup>1</sup> but our long list of special offers takes benefits even further.

## Remember, you're never alone

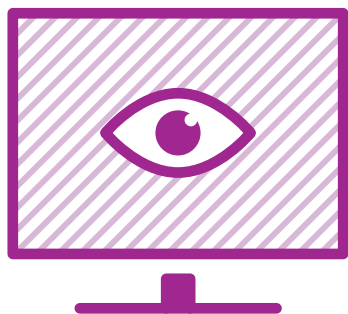
We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

\* Discounts are not insurance. Available at participating providers.

<sup>1</sup> Based on weighted average of sample transactions: EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$150 frame or contact lens allowance. 2021 EyeMed Commercial BOB stats.



eye  
Med



## Create a member account at [eyemed.com/member](https://eyemed.com/member)

Everything is right there in one spot. Check claims and benefits, see special offers, estimate costs and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed App (Google Play or App Store).

This information is available broadly and is not plan or state specific.

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INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS®

PEARLE  
VISION

OPTICAL®