



| Vision Care Services | In-Network Member Cost | Out-of-Network Reimbursement* |
|---|---|--|
| Exam with Dilatation as Necessary | \$15 Copay | \$45 |
| Retinal Imaging | Up to \$39 | N/A |
| Exam Options: Standard Contact Lens Fit and Follow-Up: Premium Contact Lens Fit and Follow-Up: | Up to \$40 10% off Retail Price | N/A N/A |
| Frames: Any available frame at provider location | \$0 Copay; \$150 Allowance, 20% off balance over \$150 | \$82 |
| Standard Plastic Lenses: Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens | \$15 Copay \$15 Copay \$15 Copay \$15 Copay \$80 Copay See attached Fixed Fee Schedule | \$40 \$65 \$75 \$100 \$65 \$65 |
| Lens Options: UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Premium Anti-Reflective Polarized Photocromatic / Transitions Plastic Other Add-Ons | \$15 Copay \$15 Copay \$15 Copay \$40 Copay \$40 Copay \$45 Copay See attached Fixed Fee Schedule 20% off Retail Price \$75 Copay 20% off Retail Price | N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A |
| Contact Lenses: (Contact lens allowance includes materials only) Conventional Disposable Medically Necessary | \$0 Copay; \$150 allowance, 15% off balance over \$150 \$0 Copay; \$150 allowance, plus balance over \$150 \$0 Copay, Paid-in-Full | \$120 \$120 \$210 |
| Diabetic Care Rider | \$0 Copay; See attached Diabetic Care Rider | Varies |
| Laser Vision Correction Lasik or PRK from U.S. Laser Network | 15% off Retail Price or 5% off promotional price | N/A |
| Additional Pairs Benefit: | Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used. | N/A |
| Frequency: Examination Lenses or Contact Lenses Frame | Once every calendar year Once every calendar year Once every other calendar year | |

* Member out-of-network reimbursement will be the lesser of the listed amount or the member's actual cost from the out-of-network provider.

Additional Discounts:

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

The initial purchase of contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.contactsdirect.com.

The contact lens benefit allowance is applicable to this service.

Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.

Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.



City of Memphis
 BlueCross Vision *Insight*
 Fixed Fee Schedule

| Progressive Price List* | Member Cost In-Network (Includes Lens Copay) |
|---|---|
| Standard Progressive | \$80 copay |
| Premium Progressives as Follows: | |
| Tier 1 | \$100 Copay |
| Tier 2 | \$110 Copay |
| Tier 3 | \$125 Copay |
| Tier 4 | \$80 Copay, 80% of charge less \$120 allowance |
| Anti-Reflective Coating Price List* | Member Cost In-Network |
| Standard Anti-Reflective Coating | \$45 copay |
| Premium Anti-Reflective Coatings as Follows: | |
| Tier 1 | \$57 copay |
| Tier 2 | \$68 copay |
| Tier 3 | 80% of charge |
| Other Add-ons Price List | Member Cost In-Network |
| Photochromic (Plastic) | \$75 |
| Polarized | 80% of charge |
| EyeMed Vision Care 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. | |



Progressive and anti-reflective tier classifications

Progressive classification*

Standard Progressives

Adaptar / Adaptar Short / Amplitude / Amplitude Mini / AO Compact / Essilor Computer / Essilor Interview / Freedom 5 / Freedom Fit / Freedom ID / GP / Gradal RD / HoyaLux Tact / Instinctive / Kirkland Signature Office Lens / MVC Standard Progressive / Natural / Navigator / Navigator Short / Outlook / Ovation / Seiko AF 2 / Seiko AF 2 Mini / Seiko Diamond Clear Mini / Shoreview / Shoreview Mini / Sola Max / Super No Line / Synchrony Access / Synchrony Easy M / Synchrony Easy View / Unique Softwear / VIP / Zeiss Business / Zeiss Progressive Light D

Premium Progressives

TIER 1 - Adage / Adaptar Digital / Adaptar Digital Short / Amplitude BKS / Amplitude Mini BKS / Amplitude IQ / Amplitude IQ Mini / AO Easy / Concise / GP Wide / Gradal Top / Illumina / Image / Image Wrap / Instinctive HD / Kirkland Signature HD Progressive / LC Design 1.0 / MVP / Natural Digital / Navigator FBS / Navigator Short FBS / Novel / Novella / Oakley True Digital / Ovation Digital / Precise / Precise Short / Premium Progressive / Proceed II / Proceed III / RayBan Base / Shamir 1st Pal / Short Fit Progressive / Small Fit / Small Fit Digital / Synchrony / Synchrony Easy S / Tact BKS / Xplorer / Zeiss Progressive Light H

TIER 2 - Compact Ultra / DST Custom Plus / Element / GT2 / GT2 Short / HD Workspace / Ideal / Ideal Short / Instinctive Performance / IOT Everyday / Kodak Precise PB / Kodak Precise PB Short / Nikon Presio I Digital / Oakley OTD Advance / RayBan Tuned / Seiko PC Wide Computer / Signet Armorlite DirecTek / Signet Armorlite DirecTek Short / Sola One / Succeed / Succeed WS / Summit CD / Summit ECP / Synchrony Access HD / Synchrony Easy Adapt / Synchrony Easy Wear / Synchrony Easy View HD / Synchrony Easy View M HD / Synchrony Easy View S HD / TruClear / Varilux Comfort 2 / Varilux Comfort 2 Short / Varilux Comfort DRx / Varilux Comfort DRx Short / Workspace / Zeiss Choice / Zeiss Digital / Zeiss Digital Wrap / Zeiss Progressive Light V

TIER 3 - AO Easy HD / Autograph II Attitude Wrap / Autograph II Office / Compact Ultra HD / Concise Digital / Definity / Definity Short / DST Custom Plus HD / DST Custom Plus HD Sun Wrap / GT2 3D / GT2 3D Short / Hoya Array Fixed / Hoya Array VL / Hoya ID Screen / Hoya ID Space / Hoya ID Zoom / Hoya Summit CD IQ / Hoya Summit ECP IQ / Ideal Advanced / Ideal Advanced Wrap / IOT Ultimate / IOT Universal / IsSential / Kodak Unique DRO / Nikon Digi Life / Oakley OTD Advance Plus / Precise Digital / Precise Digital Short / RayBan Equalized / Shamir Autograph Attitude Fashion / Shamir Autograph Attitude Fashion Short / Shamir Autograph Attitude Sport / Shamir Computer / Shamir Golf Progressive / Shamir InTouch / Shamir Spectrum + / Shamir Work Space / Sola One HD / Supercede II / Synchrony Easy Wear HD / Synchrony PAL Starter HD / Synchrony Performance HD / Synchrony Ultra HD / Synchrony / Work & Go HD / Synchrony / Work & Office HD / Synchrony / Work & Read HD / TruClear SD / Unique / Varilux Comfort W2 + / Varilux Comfort W2 + Fit / Varilux Ellipse / Varilux Panamic / Varilux Physio / Varilux Physio DRx / Varilux Physio DRx Short / Varilux Physio Short / Varilux Stylistic Wrap / Zeiss Choice Plus / Zeiss Energize Me / Zeiss Offilens

TIER 4 - Other premium progressives

Anti-reflective classification*

Standard Anti-Reflective Coatings

Anti-Reflective AR / Backside AR / Blue Shield AR / Clean Shield AR / CleAR / Crizal Kids w/ UV / Custom CleAR / Custom CleAR Sun / HMC Plus / Hoya Premium Coating / ProClean / RayBan AR w/UV / RayBan Sun AR / Reflection Free / RF Endura / Sharp View Plus / Standard AR / Standard Backside AR / Synchrony HMC / SYNGERY Crystal AR / SYNGERY Crystal UV AR / Trion AR / Zeiss Super ET

Premium Anti-Reflective Coatings

TIER 1 - BluCrystal / Crizal Easy w/ UV / Crizal Prevencia Kids / HiVision / Hoya Premium w/ViewProtect / Kirkland Premium AR / Kodak CleAR / RF Endura EZ / VISO / Xperio Sun UV / Xperio Sun UV w/Mirrors / Zeiss DuraVision Chrome

TIER 2 - Allure AR / Clean Shield Elite AR / Clean Shield Elite Sun AR / Crizal Alize w/ UV / Crizal SunShield w/ UV / Custom CleAR Plus / Custom CleAR Plus Sun / EasyCare Premium AR / ECC AR / EZ Premium CleAR / HiVision w/ ViewProtect / Kodak Clean'N' CleAR / Kodak Clean'N' CleAR UV / Kodak Total Blue AR / Premium AR / RayBan Premium AR / Synchrony HMC+ / VISO XC / Vivid AR / Zeiss DuraVision Silver

TIER 3 - Other premium anti-reflective coatings

EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket amounts.

* Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.



City of Memphis
Diabetic Care Rider

| Diabetic Care Services | Member Cost | Frequency | Out-of-Network Reimbursement |
|--|--|-------------------------------------|------------------------------|
| Office Service Visit (Medical Follow-up Exam) Type 1 and Type 2 diabetics. | Covered 100% \$0 copay | Up to (2) services per benefit year | \$77 |
| Retinal Imaging * Type 1 and Type 2 diabetics. | Covered 100% \$0 copay <i>* Not covered if Extended Ophthalmoscopy is provided within 6 months</i> | Up to (2) services per benefit year | \$50 |
| Extended Ophthalmoscopy * Type 1 and Type 2 diabetics. | Covered 100% \$0 copay <i>*Not covered if Retinal Imaging is provided within 6 months</i> | Up to (2) services per benefit year | \$15 |
| Gonioscopy Type 1 and Type 2 diabetics. | Covered 100% \$0 copay | Up to (2) services per benefit year | \$15 |
| Scanning Laser Type 1 and Type 2 diabetics. | Covered 100% \$0 copay | Up to (2) services per benefit year | \$33 |

Definitions:

Office Service Visit (Medical Follow-up Exam) Office visit for the evaluation and management of an established patient. The office visit includes patient history, follow-up examination services as deemed appropriate by the provider, and medical decision making.

Some or all of the diagnostic services described below will be provided as deemed appropriate, subject to provider determination of service necessity and the benefit frequency limitations referenced above. More comprehensive descriptions of these services are available in the Certificate of Insurance.

Retinal Imaging with interpretation and report. Retinal Imaging is a process using optical imaging equipment to photograph structures of the eye.

Extended Ophthalmoscopy with retinal drawing and interpretation and report. A serious retinal condition must exist or be suspected (based on results of routine ophthalmoscopy) which requires further detailed study.

Gonioscopy procedure to look at the anterior chamber structures of the eye between the cornea and the iris. Gonioscopy can be used in detection or treatment of conditions that can be more prevalent in diabetics such as glaucoma or neovascularization of the angle.

Scanning Laser Scanning computerized ophthalmic diagnostic imaging, posterior segment with interpretation and report.

Exclusions and Limitations

The Diabetic Benefit covers diabetic eyecare evaluation services only. The following services and benefits are excluded:

- 1] Costs associated with securing frames, lenses, or any other materials
- 2] Orthoptics or vision training and any associated supplemental testing
- 3] Surgical procedures, including laser or any other form of refractive surgery, and any pre or post-operative services
- 4] Pathological treatment of any type for any condition
- 5] Any eye examination required by an employer as a condition of employment
- 6] Insulin or any medications or supplies of any type
- 7] Services and/or materials not included in this Rider