## Municipal Health Benefit Fund

### SUMMARY OF BENEFITS

<table>
<thead>
<tr>
<th>Vision Care Services</th>
<th>In-Network Member Cost</th>
<th>Out-of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam With Dilation as Necessary</td>
<td>$30 Co-pay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Retinal Imaging</td>
<td>Up to $39</td>
<td>N/A</td>
</tr>
<tr>
<td>Frames</td>
<td>$0 Co-pay, $100 Allowance, 20% off balance over $100</td>
<td>Up to $50</td>
</tr>
</tbody>
</table>

**Standard Plastic Lenses**
- Single Vision: $30 Co-pay (Up to $40)
- bifocal: $30 Co-pay (Up to $60)
- trifocal: $30 Co-pay (Up to $80)
- Lenticular: $85 Co-pay (Up to $60)
- Standard Progressive Lens: $115 Co-pay - $205 Co-pay (Up to $60)
- Tier 1: $115 Co-pay (Up to $60)
- Tier 2: $125 Co-pay (Up to $60)
- Tier 3: $140 Co-pay (Up to $60)
- Tier 4: $205 Co-pay (Up to $60)

**Lens Options**
- UV Treatment: $15 (N/A)
- Tint (Solid and Gradient): $15 (N/A)
- Standard Polycarbonate: $40 (N/A)
- Standard Polycarbonate—Kids under 19: $0 (Up to $5)
- Standard Anti-Reflective Coating: $45 (Up to $5)
- Premium Anti-Reflective Coating: $57-$85 (Up to $5)
  - Tier 1: $57 (Up to $5)
  - Tier 2: $68 (Up to $5)
  - Tier 3: $85 (Up to $5)
- Photochromic/Transitions: $75 (20% off retail, N/A)
- Polarized: 20% off retail (N/A)
- Other Add-Ons and Services: 20% off retail (N/A)

**Contact Lens Fit and Follow-Up**
- Standard Contact Lens Fit & Follow-Up: $40 (10% off retail price, N/A)
- Premium Contact Lens Fit & Follow-Up: N/A

**Contact Lenses**
- Conventional: $0 Co-pay, $100 Allowance, 15% off balance over $100 (Up to $80)
- Disposable: $0 Co-pay, $100 Allowance, plus balance over $100 (Up to $80)
- Medically Necessary: $0 Co-pay, paid-in-full (Up to $210)
- Laser Vision Correction
  - LASIK or PRK from U.S. Laser Network: 15% off the retail price or 5% off the promotional price (N/A)

**Frequency**
- Examination: Once every calendar year
- Lenses or Contact Lenses: Once every calendar year
- Frame: Once every calendar year

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**Benefits**

- 40% OFF Complete pair of prescription eyeglasses
- 20% OFF Non-prescription sunglasses
- 20% OFF Remaining balance beyond plan coverage

Take a sneak peek before enrolling

- You’re on the INSIGHT Network
- All WalMart Vision Care Centers are also in-network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.844.409.3402

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*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, Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures, Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures, Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures, Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures, Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures, Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures, Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures, Aniseikonic lenses, medical and/or surgical treatment of the 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What’s in it for me?
Options. It’s simple really. We’re dedicated to helping you see clearly – and that’s why we’ve built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.

And now it’s time for the breakdown . . .
Here’s an example of what you might pay for a pair of glasses with us vs. what you’d pay without vision coverage. So, let’s say you get an eye exam and choose a frame that costs $163 with single vision lenses that have UV and scratch protection. Now let’s see the difference...

64% SAVINGS with us*

<table>
<thead>
<tr>
<th></th>
<th>With EyeMed</th>
<th>Without Insurance**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$30 Co-pay</td>
<td>Exam $106</td>
</tr>
<tr>
<td>Frame $163</td>
<td></td>
<td>Frame $163</td>
</tr>
<tr>
<td>- $100 Allowance</td>
<td>$63</td>
<td></td>
</tr>
<tr>
<td>- $12.60 (20% discount off balance)</td>
<td>$50.40</td>
<td></td>
</tr>
<tr>
<td>Lens $30 Co-pay</td>
<td></td>
<td>Lens $78</td>
</tr>
<tr>
<td>$15 UV treatment add-on</td>
<td>$23 UV treatment add-on</td>
<td></td>
</tr>
<tr>
<td>+ $15 scratch coating add-on</td>
<td>$25 scratch coating add-on</td>
<td></td>
</tr>
<tr>
<td>$60</td>
<td></td>
<td>+ $126</td>
</tr>
<tr>
<td>Total $140.40</td>
<td></td>
<td>Total $395</td>
</tr>
</tbody>
</table>

Download the EyeMed Members App
It’s the easy way to view your ID card, see benefit details and find a provider near you.

Benefits Snapshot

<table>
<thead>
<tr>
<th></th>
<th>With EyeMed</th>
<th>Out-of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam, with dilation as necessary</td>
<td>$30 Co-pay</td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>$0 Co-pay, $100 Allowance; 20% off balance over $100</td>
<td></td>
</tr>
<tr>
<td>Single Vision Lenses or Contacts</td>
<td>$30 Co-pay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 Co-pay, $100 Allowance; plus balance over $100</td>
<td></td>
</tr>
</tbody>
</table>

*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections. **Based on industry averages.