



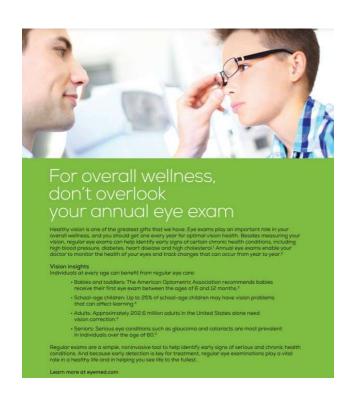
Town of North Providence Vision Benefits



EyeMed Vision Care

Learn More About These Benefits Today!

- · Exam with Dilation as Necessary
- Contact Lens Exam Options
- Frames
- Standard Plastic Lenses
- Lens Options
- Contact Lenses
- Discounts on Lasik







EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Uses "Select" Network Providers and Facilities

Vision Care Services	Member Cost \$10 Copay		Out-of-Network	
Eye Exam (with Dilation as Necessary)			\$30	
Exam Options Standard Contact Lens Fit and Follow-Up* Premium Contact Lens Fit and Follow-Up**	Up to \$40 10% off Retail		N/A	
Frames Any available frame at provider location	\$0 Copay; \$130 Allowance, 20% off balance over \$130			\$65
Standard Plastic Lenses				
Single Vision	\$25 Copay			\$25
Bifocal	\$25 Copay			\$40
Trifocal	\$25 Copay			\$55
Lens Options				
UV Coating	\$15 \$15 \$15 \$40 \$45 \$65 20% off Retail Price			N/A
Tint (Solid and Gradient)				
Standard Scratch-Resistance				
Standard Polycarbonate				
Standard Anti-Reflective Coating				
Standard Progressive (Add-on Bifocal)				
Other Add-Ons and Services				
Contact Lenses				
(Contact lens allowance includes materials only)	122	77. SEE N		2222.0
Conventional	\$0 Copay; \$130 Allowance, 15% off balance over \$130 \$0 Copay; \$130 Allowance, plus balance over \$130 \$0 Copay. Paid-in-Full			\$104
Disposable				\$104
Medically Necessary	\$∪ Copay, Paid-In-Full			\$200
Frequency				
Examination	Once every 12 months Once every 24 months			
Frame				
Lenses or Contact Lenses	Once every 12 months			
Most States 4-Tier Premiums	Monthly	Bi-Weekly	Semi-Monthly	Weekly
Employee	\$8.19	\$3.78	\$4.10	\$1.89
Employee + Spouse	\$15.60	\$7.20	\$7.80	\$3.60
Employee + Child(ren)	\$16.38	\$7.56	\$8.19	\$3.78
Family	\$24.05	\$11.10	\$12.03	\$5.55
Pay Periods	(12)	(26)	(24)	(52)

All plans are based on a 24-month contract term and 24-month rate guarantee

- * Standard Contact Lens Fitting spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)
- ** Premium Contact Lens Fitting all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)





Once you are enrolled you will receive your card through the mail and/or you can access your account and benefits through the web.

EyeMed Vision Care Via the Web





Navigate to the EyeMed Vision Care website: http://www.eyemedvisioncare.com



- Choose option "Select" in the SELECT YOUR NETWORK drop down menu
- Enter Your Zip Code
- · Click on the "Submit" Button

EyeMed Vision Care Member > Member Resources



Contact Us:

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OR

CLICK HERE to apply over the phone

