



Allstate Workplace Division
EyeMed Select Plan H, Fixed Fee
Voluntary
Option 1

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Vision Care Services	Member Cost	Out-of-Network
Exam with Dilation as Necessary	\$10 Copay	\$30
Exam Options:		
Standard Contact Lens Fit and Follow-Up:*	Up to \$40	N/A
Premium Contact Lens Fit and Follow-Up:**	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	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Scratch-Resistance	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Standard Progressive (Add-on to Bifocal)	\$65	N/A
Other Add-Ons and Services	20% off Retail Price	N/A
Contact Lenses <i>(Contact lens allowance includes materials only)</i>		
Conventional	\$0 Copay; \$130 allowance, 15% off balance over \$130	\$104
Disposable	\$0 Copay; \$130 allowance, plus balance over \$130	\$104
Medically Necessary	\$0 Copay, Paid-in-Full	\$200
Frequency:		
Examination	Once every 12 months	
Frame	Once every 24 months	
Lenses or Contact Lenses	Once every 12 months	
Monthly Fee		
Subscriber	\$7.94	
Subscriber + Spouse	\$15.08	
Subscriber + Child(ren)	\$15.87	
Subscriber + Family	\$23.33	

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.)

Additional Discounts:

Member will receive a 20% discount on items not covered by the plan at network Providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location.

Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time use benefits; no remaining balance. Lost or broken materials are not covered.

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.

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.

Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location.

For a location near you and the discount authorization please call 1-877-5LASER6

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com.

The contact lens benefit allowance is not applicable to this service.

This plan design is offered with the EyeMed Select panel of providers.

Rates assume 100% employee contribution for employees and dependents. Minimum 10 eligible employees required with 10 enrolled.

Underwriter Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York

Fidelity Security Life Policy number VC-77/VC-78, form number M-9059

This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Plan Limitations/ Exclusions:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Services provided as a result of any Worker's Compensation law
- Benefit is not available on certain frame brands in which the manufacturer imposes a no discount policy.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)
- Services or materials provided by any other group benefit providing for vision care
- Two pair of glasses in lieu of bifocals.
- Aniseikonic lenses

If you have chosen this benefit design, attach this document to the group application and sign here:

Signature _____

Date _____
 TC40M