

Midwest Dental

Take a sneak peek before enrolling

• You're on the Access Network

• For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1-866-723-0596

• For LASIK providers, call 1-877-5LASER6

	SUMMARY OF BENEFITS	
Vision Care	In-Network	Out of Network
Services	Member Cost	Reimbursement
Frames	\$0 Copay; \$130 allowance, 20% off balance over \$130	Up to \$91
Standard Plastic Lenses		
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
Standard Progressive Lens	\$90 Copay	Up to \$50
Premium Progressive Lens	\$90 Copay, 20% off charge less \$120 allowance	Up to \$50

price of the lens)
\$15
\$15
\$15
\$40
\$40
\$45

Photochromic/Transitions	20% off retail price	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses		
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	Up to \$130
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	Up to \$130
Medically Necessary	\$0 copay, 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
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchase	N/A
Hearing Care		
Hearing Health Care from	40% off hearing exams and low price guarantee	
Amplifon Hearing Network	on discounted hearing aids	
Frequency		
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

*Frame, Lens & Lens Option discounts apply only when purchasing a complete pair of eyeglasses, If purchased separately, members receive 20% off the retail price.

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N/A

N/A

N/A N/A N/A N/A

Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) 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; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) 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. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens not covered.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

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72%

on eye exams and glasses for EyeMed members*

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*Based on a sample transaction on the Insight network with a covered exam and eyewear benefits











