

# Come take a closer look.

Set your sights on vision insurance that's right for you.



MyVision Care  
provided through **eyeMed**



AARP® MyVision Care provided through EyeMed

**PLAN C**

## WHAT'S IN IT FOR ME?

**MORE VALUE:** Plan C is the most affordable plan for you and your family. Get great value on all of your basic eye care needs. From a \$10 co-pay on annual eye exams to discounts on eyewear and contact lenses. With Plan C, get the vision exam coverage you need to keep seeing the world clearly.



**\$10 co-pay**  
on in-network eye exams

**\$55**  
for single vision lenses

**35% off**  
retail price of frames in-network

## SEE WHAT YOU CAN SAVE

For example, you will pay only \$195 out-of-pocket for an exam, a \$163 frame allowance, and single vision lenses with UV and scratch protection with Plan C—that's a savings of 50%!

MYVISION CARE PLAN C (IN-NETWORK)		WITHOUT INSURANCE	
Exam	\$10 co-pay	Exam	\$106
Frame	\$163 - \$57 (35% off retail price) \$106	Frame	\$163
Lens	\$55 member cost +\$12 UV treatment add-on +\$12 scratch coating add-on \$79	Lens	\$78 +\$23 UV treatment add-on +\$25 scratch coating add-on \$126
<b>Total</b>	<b>\$195</b>	<b>Total</b>	<b>\$395</b>

**MORE AFFORDABLE EYE CARE:** Plan C offers exceptional value on your basic eye care needs. From comprehensive annual exams to discounts on frames and lenses, enjoy all of the great savings Plan C provides. Plus, enjoy diabetic vision exams and loss-of-sight benefits as well as reimbursement for out-of-network exams.

Questions? Call EyeMed at 844.243.4584

	In-network member cost	Out-of-network reimbursement <sup>1</sup>
<b>Exam*</b>		
Exam with dilation as necessary	\$10 co-pay	Up to \$30
<b>Frames</b>		
Any available frame at provider location	35% off retail price	N/A
<b>Standard plastic lenses</b>		
Single vision	\$55	N/A
Bifocal	\$75	N/A
Trifocal	\$85	N/A
Standard progressive lens	\$135	N/A
Premium progressive lens	30% off retail price	N/A
<b>Lens options</b>		
UV treatment	\$12	N/A
Tint (solid and gradient)	\$12	N/A
Standard plastic scratch coating	\$12	N/A
Standard polycarbonate - adults	\$35	N/A
Standard polycarbonate - kids under 19	\$35	N/A
Standard anti-reflective coating	\$40	N/A
Polarized	30% off retail price	N/A
Other add-ons	30% off retail price	N/A
<b>Contact lenses (discount applies to materials only)</b>		
Conventional	15% off retail price	N/A
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or contact lenses	Unlimited	
Frame	Unlimited	
Diabetic examination	Once every 6 months	
<b>Diabetic &amp; loss-of-sight insured benefits*</b>		
Diabetic vision exam benefits	Yes	
Loss-of-sight benefits	Yes	

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PLAN C

Great vision benefits, plus additional savings, such as:

**40% off**additional complete pairs  
of prescription eyeglasses<sup>2</sup>**30% off**retail price of premium progressive  
lenses after allowance**30% off**items not covered  
by plan<sup>3</sup>

This program is only available in AZ, IL, IN, MI, OH, PA, UT and WI at this time.

EyeMed pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, producers or brokers.

**Network administrator:** EyeMed Vision Care LLC, Cincinnati, Ohio. **Plans administered by:** First American Administrators and InsuranceTPA.com. **Plans marketed by:** RxHealth Insurance Agency, Inc. and SASid, Inc. **Plans underwritten by:** Fidelity Security Life Insurance Company, 3130 Broadway, Kansas City, Missouri 64111. Domicile: Missouri. NAIC No. 71870. Authorized to transact business in all states and the District of Columbia, except New York. Policy number VC-135, Policy form number M-91571L/M-91591L/R-030431L/R-030441L.

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**OUT-OF-NETWORK REIMBURSEMENT:** <sup>1</sup>Member reimbursement out-of-network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's provider locator to determine which participating providers have agreed to the discounted rate.

**DISCOUNTS:** <sup>2</sup>Complete Pair Eyeglasses Purchase Discounts: Frame, lenses, and lens options must be purchased in same transaction to receive full discount. <sup>3</sup>Discounts are available at participating in-network providers only. Not all in-network providers offer all discounts so please confirm your provider offers discounts prior to your appointment. Discounts are not insured benefits and do not apply to EyeMed provider's professional services, certain brand name vision materials in which the manufacturer imposes a no discount practice, or contact lenses. Discounts cannot be combined with any other discounts or promotional offers. **LIMITATIONS & EXCLUSIONS:** No benefits will be paid for services or materials connected with or charges arising from: orthopic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses, medical, pathological, and/or surgical treatment of the eye, eyes or supporting structures; any vision examination, or any corrective eyewear required as a condition of employment; safety eyewear; 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; plano (non-prescription) lenses; non-prescription sunglasses; or two pair of glasses in lieu of bifocals (plans A & B only). Any sales tax charged by the provider as part of the transaction for covered services are not covered under this policy. Fees charged by a provider for services other than those covered under the policy must be paid in full by the insured person to the provider. Such fees or materials are not covered under this policy. Out-of-network provider expenses do not apply toward in-network provider expenses and in-network provider expenses do not apply toward out-of-network provider expenses. All providers are not required to carry all brands at all levels. **TERMINATION OF COVERAGE:** Your vision coverage will continue until the last day for which you paid premium, subject to the grace period. Coverage will end on any premium due date the Company elects to non-renew the policy or on any date you provide a written request to cancel coverage. Any dependents covered will terminate on the same date your coverage ends; at the end of the policy year in which your dependent ceases to be eligible; or on the last day for which premium was paid, subject to the grace period. If an act of fraud is committed against the insurance company, all coverage will end on the date such determination is made by a court of law. ADV-VC135-10012016-IL

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# Better Benefits. Better Care.

All plans include diabetic coverage.



## AARP® MyVision Care provided through EyeMed – Diabetic Vision Exam Benefit

### WHAT'S IN IT FOR ME?

There are a lot of little things to love about AARP MyVision Care plans, like extra coverage to help with your diabetic vision exam. All members and their families who are enrolled in any AARP MyVision Care plan are eligible to receive exams for persons with diabetes such as retinal imaging and gonioscopy with a \$0 co-pay. Plus, you'll get up to two service visits a year. Take a closer look below for more details about your diabetic care vision exam benefits.

### EYEMED VISION CARE DIABETIC PRODUCT

	Benefits In-network	Out-of-network reimbursement
<b>Diabetic vision exams</b>		
<b>Medical Follow-up Eye Exam</b> Type 1 and Type 2 diabetics Frequency: Once every (6) months	<b>Covered 100%</b> \$0 Copay	<b>Up to \$77</b> per service
<b>Extended Ophthalmoscopy</b> Type 1 and Type 2 diabetics Frequency: Once every (6) months	<b>Covered 100%*</b> \$0 Copay <small>*Not covered if Retinal Imaging is provided within 6 months</small>	<b>Up to \$15</b> per service
<b>Gonioscopy</b> Type 1 and Type 2 diabetics Frequency: Once every (6) months	<b>Covered 100%</b> \$0 Copay	<b>Up to \$15</b> per service
<b>Scanning Laser</b> Type 1 and Type 2 diabetics Frequency: Once every (6) months	<b>Covered 100%</b> \$0 Copay	<b>Up to \$33</b> per service

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## AARP® MyVision Care provided through EyeMed – Diabetic Vision Exam Benefit

### DEFINITIONS

**Medical Follow-up Eye Exam:** Office visit for the evaluation and management of an established patient. The office visit includes taking a detailed patient history, follow-up examination services as deemed appropriate by the provider and medical decision making related to your diabetic vision care needs.

Some or all of the diagnostic services described below will be provided as deemed appropriate by your provider.

**Extended Ophthalmoscopy:** Procedure to examine the interior of the eye, focusing on the posterior segment of the eye, including the vitreous retina and optic nerve. (Not covered if Retinal Imaging was provided in previous 6 months.)

**Gonioscopy:** An eye examination of the front part of the eye (anterior chamber) to check the angle where the iris meets the cornea.

**Scanning Laser:** Computerized ophthalmic diagnostic imaging of the posterior segment of the eye.

### EXCLUSIONS & LIMITATIONS

The Diabetic benefit covers diabetic eye care evaluation services only. In addition to the Exclusions in the Vision Policy, no benefits will be paid for services connected with or charges arising from:

1. Any vision materials; or
2. Services, supplies, prescription medication or treatment for diabetes, except as specifically included in the Rider

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# Better Benefits. Better Care.

All plans include loss-of-sight coverage.



## AARP® MyVision Care provided through EyeMed – Loss-of-Sight Benefit

### WHAT'S IN IT FOR ME?

There are a lot of little things to love about AARP MyVision Care plans, like extra coverage to help you manage loss-of-sight should you need it. You and your family are eligible to receive up to \$25,000\* if you experience permanent or irrecoverable loss-of-sight due to sickness or \$10,000\*\* when it's due to an accidental injury. The benefit amounts stated are reduced by 50% starting at age 65. The benefits are subject to the Exclusions and Limitations noted below.

### WHO IS ELIGIBLE?

All AARP members and their dependents enrolled in the AARP MyVision Care plan will be eligible for loss-of-sight benefits.

### IMPORTANT EXCLUSIONS & LIMITATIONS

In addition to the Exclusions in the Vision Policy, no benefits will be paid for loss-of-sight due to the following:

1. Any intentionally self-inflicted Injury or Sickness or any attempt thereat;
2. Infections, except pyogenic infection resulting from Injury;
3. Participation in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly;
4. Any loss while the Insured Person is in the service of the Armed Forces of any country;
5. Declared or undeclared war or acts thereof. This does not apply to an act of terrorism;
6. Committing, attempting to commit or taking part in a felony, battery, assault or engaging in an illegal occupation;
7. The voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic;
8. Any Injury that occurs while an Insured Person has been determined to be intoxicated, under the influence of any alcohol, narcotic, barbiturate or hallucinatory drug and the use of such substance was a proximate cause of the Injury;
9. Flying or descending from any aircraft or air conveyance, except as a fare-paying passenger in any regularly scheduled commercial aircraft; or
10. Injury or Sickness for which compensation is payable under any Workers' Compensation Law, any Occupational Disease Law or similar legislation.

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## AARP® MyVision Care provided through EyeMed – Loss-of-Sight Benefit

### HOW TO FILE A CLAIM?

Call EyeMed at 844.243.4584 for a claim form and filing instructions.

\*If the loss is due to Sickness, the benefit is 50% for loss-of-sight in one eye, 100% for loss in both eyes.

\*\*If the insured sustains an injury and within 90 days of the injury the injured suffers loss-of-sight in one or both eyes, then the benefit is payable. Only one benefit is payable in an insured's lifetime.

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