



CITY OF SAN JOSE

As an EyeMed Vision Care member you can improve your health with a routine eye exam, as well as save money on all your eye care needs. Your benefit is available through thousands of provider locations on the EyeMed SELECT Plan.

To start using your benefit, visit www.eyemedvisioncare.com or call 1-866-723-0514 and locate a participating provider.

Vision Care Services	Member Cost	Out-of-Network Reimbursement
Frames (any available frame at provider location):	\$0 Copay, \$130 allowance; 80% of balance over \$130	Up to \$60
Standard Plastic Lenses:		
Single Vision	\$0 Copay	Up to \$35
Bifocal	\$0 Copay	Up to \$50
Trifocal	\$0 Copay	Up to \$75
Lens Options (paid by the member and added to the base price of the lens):		
Tint (Solid and Gradient)	\$15	N/A
UV Coating	\$15	N/A
Standard Scratch-Resistance	\$15	N/A
Standard Polycarbonate	\$0	Up to \$28
Standard Anti-Reflective	\$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 (Contact Lens allowance includes materials only; in lieu of Standard Plastic Lenses):		
Conventional	\$0 Copay, \$100 allowance; 15% off balance over \$100	Up to \$85
Disposables	\$0 Copay, \$100 allowance; balance over \$100	Up to \$85
Medically Necessary	\$0 Copay, Paid In Full	Up to \$250
LASIK and PRK Vision Correction Procedures:	15% off retail price OR 5% off promotional pricing	N/A
Frequency:		
Frames	Once every 12 months	
Standard Plastic Lenses or Contact Lenses	Once every 12 months	

Additional Purchases and Out-of-Pocket Discounts

Member will receive a 20% discount on remaining balance at Participating Providers beyond plan coverage, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses.

Benefits are not provided for 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 eyes; corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the plan; services provided as a result of Workers' Compensation law; plano non-prescription lenses and non-prescription sunglasses (except for the 20% EyeMed discount); two pairs of glasses in lieu of bifocals (does not apply to Primary Plan members); services or materials provided by any other group benefit providing for vision care. Benefit allowances provide no remaining balance for future use within same benefit period. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next benefit period.

Underwritten by Combined Insurance Company of America, 5050 Broadway, Chicago, IL 60640, except in New York. CICA Form # VN P63007 0801. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

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VISIONTECH PRACTITIONERS

Value Added Features:

In addition to the health benefits your EyeMed program offers, members also enjoy additional, value-added features including:

- **Additional Savings:** Save up to 40% off additional complete eyeglass purchases once the funded benefit has been used.
- **Laser Vision Correction:** Save 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.
- **Replacement Contact Lenses Online:** As an added convenience, members can order replacement contact lenses directly online.