



**EyeMed**  
VISION CARE®

## CHEVRON

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](http://www.eyemedvisioncare.com) or call 1-866-299-1358 and locate a participating provider.

LENSCRAFTERS®

PEARLE VISION

SEARS  
Optical

OPTICAL

JCPenney  
jcp.com

PRIVATE PRACTITIONERS

Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam with Dilation as Necessary <i>Actual plan charges will vary based on state specific exam fees.</i>	\$0 Copay	Up To \$30
Frames:*	35% off retail price	N/A
Complete Pair Eyeglasses Purchase Discounts*: Frame, lenses and lens options must be purchased in same transaction to receive full discount.		
Standard Plastic Lenses:		
Single Vision	\$50	N/A
Bifocal	\$70	N/A
Trifocal	\$105	N/A
Standard Progressive	\$135	N/A
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	\$40	N/A
Standard Anti-Reflective	\$45	N/A
Other Add-Ons and Services	20% off Retail Price	N/A
Contact Lenses (allowance covers materials only):		
Conventional	15% off retail price	N/A
Disposables	0% off retail price	N/A
LASIK and PRK Vision Correction Procedures:	15% off retail price OR 5% off promotional pricing	N/A
Frequency:		
Exam	Once every 12 months	
Frames	Unlimited	
Standard Plastic Lenses or Contact Lenses	Unlimited	

### Additional Purchases and Out-of-Pocket Discount

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.

\*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.)

### 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.

