

Summary of Benefits for:

## Acuity Surgical Devices, LLC

### Vision 7

EyeMed Select Network

	In-Network (Member Cost)	Out-of-Network (Reimbursement)
<b>Exam with Dilation as Necessary</b>	\$10	Up to \$45
<b>Contact Lens Options</b>		
Standard fit & follow-up	Up to \$40	Not covered
Premium fit & follow-up	10% off retail price	Not covered
<b>Frames</b>		
Any frame at provider location	\$0 copay, \$130 allowance; 20% off balance over \$130	Up to \$45
<b>Standard Plastic Lenses</b>		
Single Vision	\$25	Up to \$40
Bifocal	\$25	Up to \$60
Trifocal	\$25	Up to \$80
Standard progressive	\$25	Up to \$60
<b>Lens Options</b>		
UV Coating	\$0	Not covered
Tint (Solid and Gradient)	\$0	Not covered
Standard Scratch-Resistance	\$0	Not covered
Standard Polycarbonate	\$0	Not covered
Standard Anti-Reflective	\$45	Not covered
Other Add-ons and Services	20% off retail price	Not covered
<b>Contact Lenses</b>	<i>-- Declining Balance Allowance --</i>	
Conventional	\$0 copay: \$150 allowance; 15% off balance over \$150	Up to \$150
Disposables	\$0 copay: \$150 allowance; member responsible for balance over \$150	Up to \$150
Medically Necessary	\$0 copay: paid in full	Up to \$210
<b>Laser Correction (US Laser Network)</b>		
Lasik or PRK	15% off retail price -or- 5% off promotional price	Not covered
<b>Frequency</b>		
Examination	Once every 12 months	Once every 12 months
Frames	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months



This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

Dental Notes for:

## Acuity Surgical Devices, LLC

### Vision Plan Notes

#### Premium Progressive Lenses (Select Network only)

All Premium Progressive Lenses are subject to an Annual Allowance of \$120.

#### Premium Progressive Lenses (Insight Network only)

Premium Progressive Lenses are classified into "tiers" based on the brand and other factors. A Member's Copay varies based on the tier of the lens.

A list of lenses by tier can be found at <https://www.dentalselect.com/eyemed-tiers/>.

- **Tier 1 Lenses (Vis6, Vis8, Vis12):** The Member's copay for all tier 1 lenses is calculated by adding the copay of Standard Progressive Lenses plus an additional \$20.
- **Tier 1 Lenses (Vis21):** The Member's copay for all tier 1 lenses is equal to the copay of Standard Progressive Lenses.
- **Tier 2 Lenses:** The Member's copay for all tier 2 lenses is calculated by adding the copay of Standard Progressive Lenses plus an additional \$30.
- **Tier 3 Lenses:** The Member's copay for all tier 3 lenses is calculated by adding the copay of Standard Progressive Lenses plus an additional \$45.
- **Tier 4 Lenses:** The Member's copay for all tier 4 lenses is equal to the copay of Standard Progressive Lenses, with an allowance of \$120 and a 20% discount after allowance.

#### Allowances

Allowances are one-time use benefits; no remaining balance except for contact lens materials, when applicable. Lost or broken materials are not covered.

### Vision Plan Exclusions

- (1) Orthoptic or vision training and any associated supplemental testing.
- (2) Plano lenses.
- (3) Two pair of glasses, in lieu of bifocals or trifocals.
- (4) Medical or surgical treatment of the eyes.
- (5) Any eye examination, or any corrective eyewear, required by an employer as a condition of employment.
- (6) 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.
- (7) Sub-normal vision aids or non-prescription lenses.
- (8) Services rendered or Materials purchased outside the U.S. or Canada, unless: (a) the Insured resides in the U.S. or Canada; and (b) the charges are incurred while on a business or pleasure trip.
- (9) Charges in excess of the Usual and Customary charge for the Service or M
- (10) Charges incurred after: (a) the Policy ends; or (b) the Insured's coverage under the Policy ends, except as stated in the Policy.
- (11) Experimental or non-conventional treatment or devices.
- (12) Lost or broken Materials, except when replaced at normal intervals when Services are available.
- (13) Photorefractive Keratectomy (PRK) surgery or Laser-assisted in Situ Keratomileusis (LASIK) surgery.

This summary of benefits is current as of 01/04/2019. To verify up to date benefits, please contact Dental Select Customer Care.



The EyeMed Network offers access to thousands of independent vision care providers and top optical retailers nationwide, including:



## CHUBB®

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