

# EyeMed Web Site & Coverage At A Glance

**EyeMed**  
VISION CARE®

[www.EyeMedVisionCare.com](http://www.EyeMedVisionCare.com)

EyeMed is your vision provider. Wayne County's vision plan allows you to improve your health through a routine eye exam, while saving you money on your eye care purchases. **To begin using the EyeMed member website, you will need to create an online account. It's quick and easy!** Once you have an account, you'll be able to:

- View Your Claim Status
- Print Your Member ID Card
- Understand Your Benefits
- Find Answers To Important Questions
- And More!



## Using Your EyeMed Plan Is As Easy As 1-2-3-4...

- 1** *Locate An In-Network Provider*  
EyeMed allows you to choose from private practice and optical retail providers. While logged in, you can use the "Provider Locator" link to view nearby providers who accept your plan.
- 2** *Schedule An Appointment*  
At the time of the appointment, mention you are an EyeMed member. Many of our providers also accept walk-in visits.
- 3** *Present Your ID Card*  
When you arrive, identify yourself again as an EyeMed member and present your ID card, if applicable. If you do not have your vision ID card handy, you can also provide your member ID number, name and date of birth.
- 4** *The Provider's Staff Will Do The Rest!*  
You only pay for co-pays indicated, as well as any applicable amounts over the allowances. Your provider will supply you with these amounts.

## Using A Non-Network Provider?

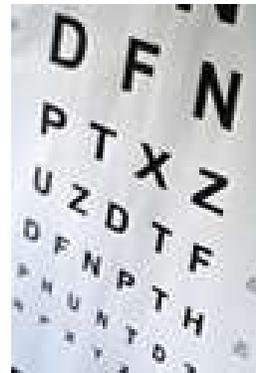
The process varies slightly if you decide to use a non-network provider. Visit the “Using Your Benefits” page on the EyeMed website for complete information.



EyeMed allows members the choice to visit an in-network or out-of-network vision care provider. If you are visiting a provider that is not a participating provider in the EyeMed network, please complete the following steps:

1. When visiting an out-of-network provider, you are responsible for payment of services and/or materials at the time of service. EyeMed will reimburse you for authorized services according to your plan design.
2. \*Complete the EyeMed Out-Of-Network Claim Form, which can be downloaded from the “Benefits Details” page on the EyeMed website; one is also provided at the back of this tab. Please complete all sections of this form to ensure proper benefit allocation. Plan information may be found on your EyeMed ID card or by contacting your Wayne County HR Benefits Specialist at [bchapin@wayneohio.org](mailto:bchapin@wayneohio.org) or 330-287-5409. Please be aware that any missing or incomplete information may result in delay of payment or the form being returned. This form will need to be completed and sent to EyeMed within one (1) year from the original date of service at the out-of-network provider’s office. (\*See comment below!)
3. EyeMed will only accept **itemized paid receipts** that indicate the services provided and the amount charged for each service. The services must be paid in full in order to receive benefits. Handwritten receipts must be on the provider’s letterhead. Attach itemized paid receipts from your provider to the claim form.
4. Please include a copy of your Explanation of Benefits if submitting for a secondary insurance benefit.
5. Sign the claim form.
6. Return the completed form and your itemized paid receipts to:

**EyeMed Vision Care**  
**Attn: OON Claims**  
**P.O. Box 8504**  
**Mason, OH 45040-7111**



**Please allow at least fourteen (14) calendar days to process your claims once received by EyeMed.** Your claim will be processed in the order it is received. A check and/or Explanation Of Benefits will be mailed within seven (7) calendar days of the date your claim is processed.

**\*Make sure to submit all claims for a covered member at one time. Again, you can download an Out-Of-Network Claim Form from the “Benefits Details” page on the EyeMed website; one is also provided at the back of this tab.**



To inquire about the status of a claim, please call the EyeMed Customer Care Center at 866-9EYEMED (866-939-3633). Have your member ID available for faster service. If you are visiting an in-network provider, you should not need to check the status of a claim, as we will work with the provider directly.

**Please Remember:**

**This is for a non-network provider only;  
You will not file claims if you use an in-network provider.**



# Summary Plan Description

## Vision Plan Design

TYPE OF SERVICE	Member Cost	Out-of-Network Reimbursement
<b>Exam with Dilation as Necessary</b>	\$15 Copay	\$35
<b>Retinal Imaging Benefit</b>	<b>Up to \$39</b>	<b>n/a</b>
<b>Contact Lens Fit And Follow-Up</b> (Contact Lens Fit And Follow-Up Visits Are Available Once A Comprehensive Eye Exam Has Been Completed)		
Standard	Up To \$40	n/a
Premium	10% Off Retail	n/a
<b>Frames</b> (Any Available Frame At Provider Location)	\$0 Copay; \$130 Allowance; 20% Off Balance Over \$130	\$65
<i>Standard Plastic Lenses:</i>		
Single Vision	\$15 Copay	\$25
Bifocal	\$15 Copay	\$40
Trifocal	\$15 Copay	\$55
Lenticular	\$15 Copay	\$55
<b>Lens Options</b> (Paid by the Member and Added to the Base Price of the Lens)		
Tint (Solid and Gradient)	\$15	n/a
UV Treatment	\$15	n/a
Standard Plastic Scratch-Resistance	\$0	\$8
Standard Polycarbonate	\$0	\$20
Standard Anti-Reflective Coating	\$45	n/a
Standard Progressive **	\$80	\$40
Premium Progressive**	\$80 Copay, 80% of Charge less \$120 Allowance	\$40
Polarized	20% Off Retail	n/a
Other Add-Ons and Services	20% Off Retail	n/a
<b>Contact Lenses</b> (Allowance Covers Materials Only; Allowance Must Be Used All At Once; One Submission Per Year)		
Conventional (Gas Permeable)	\$0 Copay; \$115 Allowance; 15% Off Balance Over \$115	\$92
Disposables (Soft)	\$0 Copay; \$115 Allowance; Plus Balance Over \$115	\$92
Medically Necessary	\$0 Copay; Paid In Full	\$200

TYPE OF SERVICE	Member Cost	Out-of-Network Reimbursement
<b>LASIK and PRK Vision Correction (from U.S. Laser Network)</b>	15% Off Retail <u>or</u> 5% Off Promotional Price	n/a
<b>Amplifon Hearing Health Care (Hearing Health Care from Amplifon Hearing Health Care Network)</b>	40% discount off hearing exams and a low price guarantee on discounted hearing aids	n/a
<b>Additional Pairs Benefit</b>	40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses once the funded benefit has been used	n/a
Frequency: Exam Frames Lenses or Contact Lenses	Once Every 12 Months Once Every 24 Months Once Every 12 Months	

*\*\*Standard/Premium progressive lenses which are out of network are not covered; fund as a bifocal lens*

### **Additional Purchases and Out-Of-Pocket Discount**

- Members receive a 20 percent discount on remaining balance at participating providers beyond plan coverage; the discount does not apply to EyeMed’s providers’ professional services or contact lenses.
- After initial purchase, replacement contact lenses may be obtained via the internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). The contact lens benefit allowance is not applicable to this service.
- 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 eye, eyes or supporting structures; any eye or vision examination or any corrective eyewear required by a policyholder 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 and/or contact lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; services or materials provided by any other group benefit plan providing vision care; certain brand name vision materials in which the manufacturer imposes a no-discount policy; or 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.
- 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 covered – fund Premium Progressive as a Standard.
- Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.





## **Value Added Features**

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

- Additional Eyewear*..... Save up to 40 percent off additional complete pairs of glasses after the initial benefit has been used. This money-saving program is available at any participating provider.
  
- Eye Care Supplies*..... Receive 20 percent off retail price for eye care supplies like cleaning cloths and solutions purchased at network providers (not valid on doctor's services or contact lenses).
  
- Laser Vision Correction*..... Save 15 percent off the retail price or 5 percent off the promotional price for LASIK or PRK procedures.
  
- Replacement Contact Lens Purchases*..... Visit [www.eyemedcontacts.com](http://www.eyemedcontacts.com) to order replacement contact lenses for shipment to your home at less than retail price.



# Forms



**The following pages contain  
frequently used forms for your convenience!**

**Forms not contained in this section can be found at:  
[www.EyeMedVisionCare.com](http://www.EyeMedVisionCare.com)**

**Please photocopy all forms, keeping the  
originals in your binder, so that you can  
continue to use in future years.**



***Claim Form Instructions***

*Most EyeMed Vision Care plans allow members the choice to visit an in-network or out-of-network vision care provider. You only need to complete this form if you are visiting a provider that is not a participating provider in the EyeMed network. Not all plans have out-of-network benefits, so please consult your member benefits information to ensure coverage of services and/or materials from non-participating providers.*

If you choose an out-of-network provider, please complete the following steps prior to submitting the claim form to EyeMed. Any missing or incomplete information may result in delay of payment or the form being returned. Please complete and send this form to EyeMed within one (1) year from the original date of service at the out-of-network provider's office.

1. When visiting an out-of-network provider, you are responsible for payment of services and/or materials at the time of service. EyeMed will reimburse you for authorized services according to your plan design.
2. Please complete all sections of this form to ensure proper benefit allocation. Plan information may be found on your benefit ID Card or via your human resources department.
3. EyeMed will only accept **itemized paid receipts** that indicate the services provided and the amount charged for each service. The services must be paid in full in order to receive benefits. Handwritten receipts must be on the provider's letterhead. Attach itemized paid receipts from your provider to the claim form. If the paid receipt is not in US dollars, please identify the currency in which the receipt was paid.
4. Please include a copy of your Explanation of Benefits if submitting for a Secondary Insurance Benefit.
5. Sign the claim form below.

**Return the completed form and your itemized paid receipts to:**



**EyeMed Vision Care  
Attn: OON Claims  
P.O. Box 8504  
Mason, OH 45040-7111**

**Please allow at least 14 calendar days to process your claims once received by EyeMed.** Your claim will be processed in the order it is received. A check and/or explanation of benefits will be mailed within seven (7) calendar days of the date your claim is processed.

Inquiries regarding your submitted claim should be made to the Customer Service number printed on the back of your benefit identification card.



## Out of Network Vision Services Claim Form

### FRAUD WARNING STATEMENTS

**Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Department of Insurance within the department of regulatory agencies.

**Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Hawaii:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Idaho:** Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement or claim containing a false, incomplete or misleading information is guilty of a felony.

**Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

**Kansas:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application or claim for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire:** Any person, who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in § 638:20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** Any person who knowingly and with intent to defraud insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**Ohio:** Any person who, with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma:** WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

