



EYEWEAR PLANS

for employers



selecthealth.
EYEWEAR

For more information about plan options, call
801-442-4908 (Salt Lake area) or 800-442-3125
or visit selecthealth.org/eyewear.



SELECTHEALTH EYEWEARSM

Good vision is an important part of overall health. In addition to the comprehensive eye exams covered by our medical plans, SelectHealth offers coverage for vision hardware through EyeMed Vision Care[®]. Benefits include contacts, frames, lenses, and lens options.

STANDARD PLANS	PLAN A	PLAN B	PLAN C
	MEMBER COST	MEMBER COST	MEMBER COST
EYE EXAMS			
Refer to the benefit information for your SelectHealth medical plan (or other medical insurance carrier) to determine coverage for routine and comprehensive eye exams. They are not covered as part of these eyewear plans.			
FRAMES Covered once every 24 months. Frame benefit may not be used in the same year as the contact lens benefit.			
Any available frame at provider location	\$0 copay, \$100 allowance, 20% off balance over \$100 Out of Network: \$50 allowance	\$0 copay, \$150 allowance, 20% off balance over \$150 Out of Network: \$75 allowance	\$0 copay, \$200 allowance, 20% off balance over \$200 Out of Network: \$100 allowance
STANDARD PLASTIC LENSES Covered once every 12 months.			
Single Vision	\$10 copay Out of Network: \$25 allowance	\$20 copay Out of Network: \$25 allowance	\$25 copay Out of Network: \$25 allowance
Bifocal	\$10 copay Out of Network: \$40 allowance	\$20 copay Out of Network: \$40 allowance	\$25 copay Out of Network: \$40 allowance
Trifocal	\$10 copay Out of Network: \$55 allowance	\$20 copay Out of Network: \$55 allowance	\$25 copay Out of Network: \$55 allowance
Standard Progressive	\$75 copay Out of Network: \$40 allowance	\$85 copay Out of Network: \$40 allowance	\$90 copay Out of Network: \$40 allowance
Premium Progressive	\$75 copay, then 80% of balance minus \$120 allowance Out of Network: \$40 allowance	\$85 copay, then 80% of balance minus \$120 allowance Out of Network: \$40 allowance	\$90 copay, then 80% of balance minus \$120 allowance Out of Network: \$40 allowance
LENS OPTIONS These are in addition to the standard lens copays above.			
UV Treatment		\$15 copay	
Tint (Solid and Gradient)		\$15 copay	
Standard Plastic Scratch Coating		\$15 copay	
Standard Polycarbonate		\$40 copay	
Standard Anti-Reflective Coating		\$45 copay	
Polarized		20% off retail	
Other Add-Ons		20% off retail	
CONTACT LENSES Covered once every 12 months. Includes materials only, fitting and follow up not covered. Contact lens benefit may not be used in the same year as the frame benefit.			
Conventional or Disposable	\$115 allowance, 15% off balance over \$115 for conventional lenses Out of Network: \$92 allowance	\$150 allowance, 15% off balance over \$150 for conventional lenses Out of Network: \$120 allowance	\$200 allowance, 15% off balance over \$200 for conventional lenses Out of Network: \$160 allowance
Medically Necessary	Covered 100% (see selecthealth.org/eyewear for criteria) Out of Network: \$200 allowance		
ADDITIONAL BENEFITS			
Laser Vision Correction	15% off retail price or 5% off promotional price Out of Network: not available		
Additional Pairs Benefit	Once the funded benefit has been used, members also receive a 40% discount on additional complete pairs of eyeglasses and a 15% discount on conventional contact lenses. Out of Network: not available		

*SelectHealth Eyewear is underwritten by SelectHealth and administered by EyeMed Vision Care.



WHY CHOOSE SELECTHEALTH?

Here are just a few reasons to add SelectHealth Eyewear to your current medical plan:

Affordability and Simplicity

- > Low monthly premiums
- > Enrollment is optional at the employee level
- > Voluntary plans are available at no cost to the employer
- > Plans were designed to offer convenience, quality, and choice

Access and Service

- > 200 Utah locations, nearly 23,000 locations nationwide
- > Private practitioners and leading retailers such as LensCrafters®, Target Optical®, Sears OpticalSM, and Pearle Vision®
- > EyeMed provides exceptional customer service, available Monday to Saturday, from 6:00 a.m. to 9:00 p.m., and Sundays, from 9:00 a.m. to 6:00 p.m.



LOOKING FOR AN EYEWEAR PROVIDER?

Visit eyemedvisioncare.com/locator and select the Access network.

ALLOWANCE PLANS	PLAN D	PLAN E
	MEMBER COST	MEMBER COST
EYE EXAMS		
Refer to the benefit information for your SelectHealth medical plan (or other medical insurance carrier) to determine coverage for routine and comprehensive eye exams. They are not covered as part of these eyewear plans.		
FRAMES AND LENSES Covered once every 12 months. Frame benefit may not be used in the same year as the contact lens benefit.		
Any available frame at provider location	\$200 allowance for frames, lenses, and lens options, 20% off balance over \$200 Out of Network: \$100 allowance	\$300 allowance for frames, lenses, and lens options, 20% off balance over \$300 Out of Network: \$150 allowance
CONTACT LENSES Covered once every 12 months. Includes materials only, fitting and follow up not covered. Contact lens benefit may not be used in the same year as the frame benefit.		
Conventional or Disposable	\$200 allowance, 15% off balance over \$200 for conventional lenses Out of Network: \$160 allowance	\$300 allowance, 15% off balance over \$300 for conventional lenses Out of Network: \$240 allowance
Medically Necessary	Covered 100% (see selecthealth.org/eyewear for criteria) Out of Network: \$200 allowance	
ADDITIONAL BENEFITS		
Laser Vision Correction	15% off retail price or 5% off promotional price Out of Network: not available	
Additional Pairs Benefit	Once the funded benefit has been used, members also receive a 40% discount on additional complete pairs of eyeglasses and a 15% discount on conventional contact lenses. Out of Network: not available	

ADDITIONAL DISCOUNTS AND LIMITATIONS FOR ALL PLANS

Members receive a 20 percent discount through network providers on items not covered by the plan. This discount cannot be combined with any other discounts or promotional offers. The discount does not apply to EyeMed providers' professional services, or contact lenses. Members also receive 15 percent off retail price or 5 percent off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision.

After initial purchase, replacement contact lenses may be obtained online at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

Benefit Allowances provide no remaining balance for future use within the same plan year. Certain brand-name manufacturers do not allow discounts on their materials.



UNDERWRITING GUIDELINES

SelectHealth Eyewear plans are only available to employers enrolled in a SelectHealth medical plan. Individual employees, however, may enroll in an eyewear plan even if they do not choose to add medical.

ALL PLANS	CONTRIBUTORY	VOLUNTARY
EMPLOYER CONTRIBUTION	75% of single employee premium	No minimum contribution
MINIMUM EMPLOYEE ENROLLMENT	5 employees (no participation percentage requirement)	5 employees (no participation percentage requirement)
ELIGIBILITY	30 hours/week	30 hours/week

RATES

SMALL EMPLOYER	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E
5-9 Enrolled—Contributory					
> Employee	\$5.39	\$6.05	\$7.15	\$8.50	\$11.98
> Employee + Spouse	\$10.56	\$11.85	\$14.02	\$16.65	\$23.47
> Employee + Child(ren)	\$10.02	\$11.25	\$13.30	\$15.80	\$22.28
> Family	\$20.37	\$22.86	\$27.03	\$32.11	\$45.27
5-9 Enrolled—Voluntary					
> Employee	\$7.30	\$8.41	\$10.15	\$11.88	\$17.02
> Employee + Spouse	\$14.30	\$16.49	\$19.90	\$23.28	\$33.35
> Employee + Child(ren)	\$13.57	\$15.65	\$18.88	\$22.10	\$31.65
> Family	\$27.58	\$31.80	\$38.37	\$44.91	\$64.32
10+ Enrolled—Contributory					
> Employee	\$4.09	\$4.54	\$5.27	\$6.16	\$8.48
> Employee + Spouse	\$8.02	\$8.89	\$10.33	\$12.07	\$16.63
> Employee + Child(ren)	\$7.61	\$8.44	\$9.80	\$11.45	\$15.78
> Family	\$15.47	\$17.15	\$19.91	\$23.27	\$32.07
10+ Enrolled—Voluntary					
> Employee	\$5.36	\$6.11	\$7.27	\$8.41	\$11.84
> Employee + Spouse	\$10.51	\$11.97	\$14.25	\$16.49	\$23.21
> Employee + Child(ren)	\$9.98	\$11.36	\$13.53	\$15.65	\$22.03
> Family	\$20.28	\$23.09	\$27.49	\$31.80	\$44.77

LARGE EMPLOYER	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E
Contributory					
> Single	\$3.90	\$4.30	\$5.00	\$5.80	\$8.00
> Two Party	\$7.40	\$8.20	\$9.50	\$11.00	\$15.20
> Family	\$14.50	\$16.00	\$18.60	\$21.50	\$29.70
Voluntary					
> Single	\$5.10	\$5.80	\$6.90	\$7.90	\$11.20
> Two Party	\$9.70	\$11.00	\$13.10	\$15.00	\$21.30
> Family	\$18.90	\$21.50	\$25.60	\$29.30	\$41.60



For more information, call our Sales department at 801-442-4908 (Salt Lake area) or 800-442-3125 or your SelectHealth-appointed insurance agent.

