Lucid USA, Inc

Safety Eyewear Plan

At EyeMed, we want to make sure your eyes are well-protected. Through our Safety Program, you may be eligible to get the right prescription glasses for your job.



20% OFF

additional complete pairs of safety eyewear*

*Discounts only available at participating in-network providers

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
FRAME		
Frame	$0 copay; 20% off balance over $160 allowance	Up to $80
STANDARD PLASTIC LENSES		
Single Vision	$0 copay	Up to $30
Bifocal	$0 copay	Up to $50
Trifocal	$0 copay	Up to $70
Lenticular	$0 copay	Up to $70
Progressive - Standard	$65 copay	Up to $50
Progressive - Premium Tier 1 - 4	$85 - 185 copay	Up to $50
Progressive - Premium Tier 5	$225 copay	Up to $50
LENS OPTIONS		
Anti Reflective Coating - Standard	$45	Not covered
Anti Reflective Coating - Premium Tier 1 - 3	$57 - 85	Not covered
Photochromic - Non-Glass	$75	Not covered
Polycarbonate - Standard	$0 copay	Up to $20
Scratch Coating - Standard Plastic	$15	Not covered
Tint - Solid and Gradient	$15	Not covered
UV Treatment	$15	Not covered
All Other Lens Options	20% off retail price	Not covered
FREQUENCY	**ALLOWED FREQUENCY - ADULTS**	
Frame	Once every plan year	
Lenses	Once every plan year	

Only Employees are eligible for safety eyewear. EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges 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; 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; non-prescription sunglasses; two pair of glasses in lieu of bifocals; services or materials provided by any other group benefit plan providing vision care; 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; or 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. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-138, form number M-9169, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy number VCN-16, form number MN-23. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION

This information is available broadly and is not plan or state specific.