

# Rois Phoenix Inc.

## Vision benefits as you've never seen before



Get the most out of your vision insurance plan with these EyeMed highlights:

- Eye360 features a \$0 eye exam, additional dollars to spend on materials at PLUS providers.<sup>1</sup>
- Separate contact lens fit & follow-up coverage (leaving the entire allowance for materials)

Plus, with us, you always get–

### NETWORK

The largest network with the right mix of providers

- America's largest vision network<sup>2</sup> with the right mix of independent eye doctors and national and regional retail providers—so members can go where they want, when they want.
- In-network options for buying eyewear online at [glasses.com](https://www.glasses.com), [contactsdirect.com](https://www.contactsdirect.com), [lenscrafters.com](https://www.lenscrafters.com), [oakley.com](https://www.oakley.com), [targetoptical.com](https://www.targetoptical.com), [nuanceaudio.com](https://www.nuanceaudio.com) and [rayban.com](https://www.rayban.com) – with benefits applied directly in the shopping cart.
- Members save more at PLUS Providers<sup>1</sup>– in-network locations that add value on top of existing benefits



### BENEFITS

Freedom of choice and maximum value

- The freedom to choose any ophthalmic frame, lens or contact lens without restrictions at any of our retail providers, independent provider locations or online.
- Complimentary HealthyEyes wellness program keeps the focus on eye health with exam reminders and leading technology.
- Members can use their benefit on Nuance Audio glasses – a breakthrough dual hearing and vision solution.
- Members enjoy exclusive savings on LASIK, including up to \$1000 off at preferred providers or 5% off the in-store promotional price.<sup>3</sup>



### EXPERIENCE

Simple and transparent member experience with an eye on savings

- Cost transparency with our Know Before You Go cost estimator.
- Digital Tools like online scheduling<sup>4</sup>, a mobile app and personalized text alerts.
- Welcome kits, ID cards and open enrollment support to ensure employees understand their benefits.



We can't wait to work with you-

Contact Dustin Posgay at [dustin.posgay@eyemed.com](mailto:dustin.posgay@eyemed.com) with questions

<sup>1</sup> Not available in all states

<sup>2</sup> Based on the EyeMed Insight network, Spring 2022.

<sup>3</sup> Preferred lasik providers include LasikPlus, TLC Laser Eye Centers and The LASIK Vision Institute

<sup>4</sup> At select locations

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BENEFITS	MONTHLY RATES
<ul style="list-style-type: none"> <li>Plan Match Base</li> <li>Exam &amp; Materials</li> <li>Insight network</li> </ul>	<ul style="list-style-type: none"> <li>Subscriber \$8.14</li> <li>Subscriber + Spouse \$15.44</li> <li>Subscriber + Child(ren) \$17.09</li> <li>Subscriber + Family \$24.20</li> </ul>
<ul style="list-style-type: none"> <li>Fully Insured</li> <li>Employee Paid</li> </ul>	

## SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
<b>EXAM SERVICES once every calendar year</b>			
Exam	\$0 copay	\$0 copay	Up to \$32
<b>FRAME in lieu of contacts once every calendar year</b>			
Frame	\$0 copay; 20% off balance over \$200 allowance	\$0 copay; 20% off balance over \$150 allowance	Up to \$75
<b>STANDARD PLASTIC LENSES in lieu of contacts once every calendar year</b>			
Single Vision	\$15 copay	\$15 copay	Up to \$14
Bifocal	\$15 copay	\$15 copay	Up to \$28
Trifocal/Lenticular	\$15 copay	\$15 copay	Up to \$53
Progressive - Standard	\$65 copay	\$65 copay	Up to \$39
Progressive - Premium Tier I, II, or III	\$85, \$95, \$110 copay	\$85, \$95, \$110 copay	Up to \$39
Progressive - Premium Tier IV	\$175 copay	\$175 copay	Up to \$39
<b>LENS OPTIONS</b>			
Anti Reflective Coating - Standard	\$45 copay	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier I, II, or III	\$57, \$68, or \$85 copay	\$57, \$68, or \$85 copay	Up to \$5
Polycarbonate - Standard	\$20 copay	\$20 copay	Up to \$28
Polycarbonate - Std < 19 years of age	\$0 copay	\$0 copay	Up to \$28
Scratch Coating - Standard Plastic	\$0 copay	\$0 copay	Up to \$11
<b>CONTACT LENSES in lieu of frame and lenses once every calendar year</b>			
Contacts - Conventional	\$0 copay; 15% off balance over \$200 allowance	\$0 copay; 15% off balance over \$150 allowance	Up to \$120
Contacts - Disposable	\$0 copay; 100% of balance over \$200 allowance	\$0 copay; 100% of balance over \$150 allowance	Up to \$120
Contacts - Medically Necessary	\$0 copay; paid-in-full	\$0 copay; paid-in-full	Up to \$210
<b>ADDITIONAL GLASSES ALLOWANCE once every calendar year</b>			
Glasses Allowance	40% off retail*; 100% of balance over \$100	40% off retail*; 100% of balance over \$50	Up to \$40

\*Complete pair (frame & lens with or without lens options) purchase required to receive 40% discount. 20% discount applied if complete pair not purchased.  
 All plans are based on a 33 month contract and 33 month rate guarantee. Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. The Plan reserves the right to make changes to the products available on each tier.



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<p><b>BENEFITS</b></p> <ul style="list-style-type: none"> <li>• Plan Match Base</li> <li>• Exam &amp; Materials</li> <li>• Insight network</li> </ul>	<ul style="list-style-type: none"> <li>• Fully Insured</li> <li>• Employee Paid</li> </ul>	<p><b>MONTHLY RATES</b></p> <ul style="list-style-type: none"> <li>• Subscriber \$8.14</li> <li>• Subscriber + Spouse \$15.44</li> <li>• Subscriber + Child(ren) \$17.09</li> <li>• Subscriber + Family \$24.20</li> </ul>
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**Plan Details**

Quote for group situated in the State of AZ and will be valid until the 04/01/2026 implementation date. Date Quoted 01/08/2026. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Underwritten by Fidelity Security Life Insurance Company® of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9184. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

**Plan Exclusions/Limitations**

No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; 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; orthoptic or vision training, subnormal vision aids and associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; 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 that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state.

By signing below, the Group agrees to receive all documents and correspondence electronically and that the Group can access the internet or the email address provided. The Group understands that the Group may revoke this authorization or request specific paper documents without revoking this authorization by contacting EyeMed by mail, email, or telephone. If Rois Phoenix Inc. has chosen this benefit design, attach this document to the group application and sign here

<b>SIGNATURE</b>	<b>DATE</b>
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# Rois Phoenix Inc.



*We're committed to keeping money in our members' pockets*

That's why we offer our members additional discounts above the proposed plan benefits

VISION CARE SERVICES	IN-NETWORK MEMBER COST
<b>EXAM SERVICES</b>	
Retinal Imaging	Up to \$39
<b>CONTACT LENS FIT AND FOLLOW-UP</b>	
Fit and Follow-Up - Standard	Up to \$40
Fit and Follow-Up - Premium	10% off retail price
<b>LENS OPTIONS</b>	
Photochromic - Non-Glass	\$75
Tint - Solid or Gradient	\$15
UV Treatment	\$15
All Other Lens Options	20% off retail price

## 40%OFF



additional pairs of glasses

## 20%OFF



any item not covered by the plan, including non-prescription sunglasses

## 15%OFF



retail price or 5% off promotional price for Lasik or PRK from US Laser Network

## UP TO 66%OFF



hearing aids, with an extended warranty and free batteries through Amplifon Hearing Health Care Network



Members can get exclusive additional discounts and deals that are often stackable with their vision benefits at [eyemed.com/member](http://eyemed.com/member)<sup>4</sup>

### DISCOUNT DETAILS

Discounts are not insured benefits. Member receives a 20% discount on items not covered by the insurance plan at EyeMed In-Network locations. 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 EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time.

<sup>4</sup> Special offers not valid in the State of Texas.

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<p><b>BENEFITS</b></p> <ul style="list-style-type: none"> <li>• Plan Match Buyup</li> <li>• Exam &amp; Materials</li> <li>• Insight network</li> </ul>	<ul style="list-style-type: none"> <li>• Fully Insured</li> <li>• Employee Paid</li> </ul>	<p><b>MONTHLY RATES</b></p> <ul style="list-style-type: none"> <li>• Subscriber \$13.81</li> <li>• Subscriber + Spouse \$26.19</li> <li>• Subscriber + Child(ren) \$29.00</li> <li>• Subscriber + Family \$41.23</li> </ul>
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## SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBERSEMENT
<b>EXAM SERVICES once every calendar year</b>			
Exam	\$0 copay	\$0 copay	Up to \$50
<b>CONTACTS LENS FIT AND FOLLOW-UP</b>			
Fit and Follow-up - Standard	\$0 copay;	\$0 copay;	Up to \$37
Fit and Follow-up - Premium	\$0 copay; 10% off retail price, then apply \$55 allowance	\$0 copay; 10% off retail price, then apply \$55 allowance	Up to \$37
<b>FRAME in lieu of contacts once every calendar year</b>			
Frame	\$0 copay; 20% off balance over \$300 allowance	\$0 copay; 20% off balance over \$250 allowance	Up to \$125
<b>STANDARD PLASTIC LENSES in lieu of contacts once every calendar year</b>			
Single Vision	\$15 copay	\$15 copay	Up to \$50
Bifocal	\$15 copay	\$15 copay	Up to \$75
Trifocal/Lenticular	\$15 copay	\$15 copay	Up to \$100
Progressive - Standard	\$65 copay	\$65 copay	Up to \$75
Progressive - Premium Tier I, II, or III	\$85, \$95, \$110 copay	\$85, \$95, \$110 copay	Up to \$75
Progressive - Premium Tier IV	\$175 copay	\$175 copay	Up to \$75
<b>LENS OPTIONS</b>			
Anti Reflective Coating - Standard	\$45 copay	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier I, II, or III	\$57, \$68, or \$85 copay	\$57, \$68, or \$85 copay	Up to \$5
Photochromic - Non-Glass < 19 years of age	\$0 copay	\$0 copay	Up to \$53
Polycarbonate - Std < 19 years of age	\$0 copay	\$0 copay	Up to \$28
<b>CONTACT LENSES in lieu of frame and lenses once every calendar year</b>			
Contacts - Conventional	\$0 copay; 15% off balance over \$300 allowance	\$0 copay; 15% off balance over \$250 allowance	Up to \$125
Contacts - Disposable	\$0 copay; 100% of balance over \$300 allowance	\$0 copay; 100% of balance over \$250 allowance	Up to \$125
Contacts - Medically Necessary	\$0 copay; paid-in-full	\$0 copay; paid-in-full	Up to \$210
<b>ADDITIONAL GLASSES ALLOWANCE once every calendar year</b>			
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