ENHANCE YOUR BENEFITS WITH VISION COVERAGE

VISION CARE SERVICES

(OUT-OF-NETWORK REIMBURSEMENT N/A IF NOT LISTED)

VISION EXAM | (includes refraction)

IN-NETWORK	Covered in full
MEMBER COST	after \$10 copay
OUT-OF-NETWORK REIMBURSEMENT	Up to \$35

VISION EXAM | Retinal Imaging

IN-NETWORK Up to \$45 member MEMBER COST.....out-of-pocket max.

CONTACT LENS FIT&FOLLOW UP Standard Contact Lens Fitting

IN-NETWORK Up to \$50 member MEMBER COST. out-of-pocket max.

CONTACT LENS FIT&FOLLOW UP Custom Contact Lens Fitting

IN-NETW	ORK	Up to	\$75 mem	b
MEMBER	COST	out-of-	-pocket <i>n</i>	na

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MATERIALS*

IN-NETWORK

MEMBER COST \$25 copay (Materials copay applies to frame or spectacle lenses, if applicable)

*At participating locations. Contact your agent for more details.

DENTAL HEARING

PREVENTIVE SERVICES

100% No Waiting Period

Routine Exams, Cleanings, Bitewing X-Rays and more

BASIC SERVICES

80% | No Waiting Period

Fillings, Simple Extractions, Full Mouth X-Rays and more

MAJOR SERVICES

50% | 1 Year Waiting Period*

Crowns, Inlays, Implants, Oral Surgery, Complex Extractions and more

> *Waiting period can be waived with proof of prior coverage

Virtual Screening

NEW VIRTUAL SERVICES

Determine need from the comfort of home

Personalized Coaching

Enhance adjustment and use of hearing aids

On-Demand Virtual Visits

Convenient care for non-clinical support

RISK-FREE TRIAL

Find your right fit by trying your hearing aids for 60 days

COMPLIMENTARY AFTERCARE

1-Year Follow-Up Care

Ensures smooth transition to your new hearing aids

2-Year Battery Support

Battery supply or charging station to keep you powered

3-Year Warranty

Coverage for loss, repairs, or damage

AVAILABLE AGES 18-99

+

ONLINE CLIENT PORTAL

FAMILY COVERAGE HAS NO LIMIT TO AMOUNT OF DEPENDENTS

770,000 ACCESS POINTS

SEPARATE VISION BENEFIT FOR ENHANCED COVERAGE AVAILABLE

UP TO \$5,000 ANNUAL MAX

ACCESS YOUR DOCUMENTS, CLAIMS, OR EVEN PRINT A NEW ID CARD 24/7

LET'S GET IN TOUCH.

