



84% SAVINGS!!¹

Here's an example of what You might pay for a pair of glasses with PremierVision vs. what You would pay without PremierVision. Let's say You get an eye exam and choose a frame that costs \$163 with single vision lenses. **Now let's see the difference . . .**

PremierVision		No Coverage	
Exam Copay	\$0.00	Exam	\$106.00
Frames	\$163.00	Frames	\$163.00
Frames Copay	\$10.00		
Allowance	-\$120.00		
Discount (20%) ²	-\$8.60		
Single Vision Lenses Copay	\$10.00	Single Vision Lenses	\$78.00
YOU PAY:	\$54.40	YOU PAY:	\$347.00

Benefits	In-Network Benefits	Out-of-Network Benefits
Comprehensive Eye Exam³	\$0 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$35
Frames⁴	\$10 Copay per Insured; 100% Coinsurance <i>Up to an Allowance of \$120</i>	100% Up to an Allowance of \$60
Corrective Standard Lenses⁴		
Single Vision Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$35
Lined Bifocal Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$55
Lined Trifocal Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$90
Standard Progressive Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$90
Premium Progressive Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$90
Corrective Contact Lenses⁵		
Conventional	\$10 Copay per Insured; 100% Coinsurance <i>Up to an Allowance of \$120</i>	100% Up to an Allowance of \$100
Disposable	\$10 Copay per Insured; 100% Coinsurance <i>Up to an Allowance of \$120</i>	100% Up to an Allowance of \$100

1 - Savings based on example above and using a Provider in the EyeMed Insight network. 2 - Non-insurance benefit provided through the EyeMed Insight network. 3 - Limited to one (1) Comprehensive Eye Examination every twelve (12) months from the last date of service, per Insured. 4 - In lieu of Corrective Contact Lenses, limited to one (1) purchase every twelve (12) months from the last date of service, per Insured. In no event will Benefits be payable for both glasses and corrective contact lenses. 5 - In lieu of Corrective Standard Lenses and Frames, limited to one (1) purchase every twelve (12) months from the last date of service, per Insured. In no event will Benefits be payable for both glasses and corrective contact lenses.

This is only a brief description of some of the more popular benefits. Please see the brochure for complete terms of coverage, including limitations, exclusions, and any state required provisions. The PremierVision Plan is underwritten by Freedom Life Insurance Company of America, a UnitedHealthcare Company.