



PremierVision

Insurance underwritten by:
Freedom Life Insurance Company of America



Why Choose PremierVision

As a member of the Association, You have the right to apply for coverage under Freedom Life's Association Group Vision Insurance Plan issued to the Association. PremierVision uses the extensive EyeMed Insight network of over 71,400 Providers. Choose from independent or retail Providers to find the Provider that best fits Your needs and schedule. The PremierVision Plan is designed to be easy to use, while helping You save money.

Benefits	In-Network Benefits	Out-of-Network Benefits
Comprehensive Eye Exam¹	\$0 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$35
Frames²	\$10 Copay per Insured; 100% Coinsurance Up to an Allowance of \$120	100% Up to an Allowance of \$60
Corrective Standard Lenses²		
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 Lenses³		
Conventional	\$10 Copay per Insured; 100% Coinsurance Up to an Allowance of \$120	100% Up to an Allowance of \$100
Disposable	\$10 Copay per Insured; 100% Coinsurance Up to an Allowance of \$120	100% Up to an Allowance of \$100

¹Limited to one (1) Comprehensive Eye Examination every twelve (12) months from the last date of service, per Insured.

²In 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.

³In 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.

How Much You Can Save!

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		
- \$120 allowance	(\$120.00)		
-20% discount off \$43 balance*	(\$8.60)		
Single Vision Lenses copay	\$10.00	Single Vision Lenses	\$78.00
You Pay \$54.40		You Pay \$347.00	

84% SAVINGS with PremierVision!**

*Non-insurance benefit provided through the EyeMed Insight network.

**Savings based on example above and using a Provider in the EyeMed Insight network.

Non-Insurance Benefits and Discounts Provided by the EyeMed Insight Network to Those Covered Under PremierVision

Exam Options		<ul style="list-style-type: none"> Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Members also receive 15% off retail price or 5% 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 via the Internet at substantial savings and mailed directly to the member. Details are available at contactsdirect.com. The Corrective Contact Lenses Benefit Allowance is not applicable to this service. Any unused portion of the Benefit Allowance at the initial time of service will not carry forward to other services. Member benefits and discounts will not apply to certain brand name Vision Materials on which the manufacturer imposes a no discount practice.
Standard Contact Lens Fit & Follow-Up	Up to \$55	
Premium Contact Lens Fit & Follow-Up	10% off Retail price	
Lens Options		
UV Treatment	Member pays \$15	
Tint (Solid and Gradient)	Member pays \$15	
Standard Plastic Scratch Coating	Member pays \$15	
Standard Polycarbonate - Adults	Member pays \$40	
Standard Polycarbonate - Kids under 19	Member pays \$40	
Standard Anti-Reflective Coating	Member pays \$45	
Polarized	Member receives 20% off Retail price	
Photocromatic/Transitions Plastic	Member pays \$75	
Premium Anti-Reflective		
Tier 1	Member pays \$57	
Tier 2	Member pays \$68	
Tier 3	Member pays 80% of charge	
Other Add-Ons	20% off Retail Price	

Limitations at a Glance - Insurance Benefits

Coverage under the PremierVision Plan is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the PremierVision Plan, as well as the following limitations:

- in no event will coverage exceed the lesser of: (i) the actual cost of Covered Vision Expenses or materials, (ii) the negotiated fee for services rendered by a Participating Provider, or (iii) the Allowance as shown on the PremierVision Plan Schedule when services are rendered by a Participating Provider or a Non-Participating Provider;
- if the Participating Provider's or Non-Participating Provider's charge is less than the Allowance specified on the PremierVision Plan Schedule, We will only pay up to the Participating Provider's or Non-Participating Provider's charge; and
- materials covered by the PremierVision Plan that are lost or stolen will only be replaced at the intervals stated on the PremierVision Plan Schedule.

Non-Covered Items at a Glance - Insurance Benefits

Coverage under the PremierVision Plan is limited as provided by the definitions, terms, conditions, limitations, and exclusions contained in each and every section of the PremierVision Plan. In addition, the PremierVision Plan does not provide coverage for professional and vision services Provided to an Insured or any payment obligation for Us under the PremierVision Plan for any of the following, all of which are excluded from coverage:

- orthoptic or vision training and any associated supplemental testing;
- plano lenses;
- lens coating;
- two pair of glasses, in lieu of bifocals or trifocals;
- medical or surgical treatment of the eyes;
- any type of corrective vision surgery, including LASIK surgery;
- any eye examination, or any corrective eyewear, required by an employer as a condition of employment;
- any services or supplies when paid under any Worker's Compensation or similar law;
- Tier 4 Premium Progressive Lenses;
- photochromic transition or polycarbonate lenses;
- lenticular lenses;
- sub-normal vision aids or non-prescription lenses;
- service rendered or supplies purchased outside the U.S. or Canada, unless the Insured resides in the U.S. or Canada and the charges are incurred while on a business or pleasure trip;
- eyeglasses when the change in prescription is less than .5 Diopter;
- experimental or investigational or non-conventional treatment or device;
- eyeglass lens treatments, including "add-ons", UV coating, anti-reflective coating, scratch resistant coating, tinting or edge polishing;
- oversized lenses;
- lost or broken lenses, frames, glasses, or contact lenses will not be replaced until twelve (12) months after the last date of service;
- medically necessary contact lenses;
- high index lenses of any material type;
- fitting for corrective contact lenses;
- follow-up visits;
- charges incurred after the PremierVision Plan has terminated or coverage has ended;
- any expenses for treatments, care, procedures, services or supplies which are not Covered Vision Expenses incurred by an Insured and which are not specifically enumerated in the VISION EXPENSE BENEFITS AND CLAIM PROCEDURES section of the PremierVision Plan;
- treatments, care, procedures or supplies received before the PremierVision Plan Issue Date;
- any professional services for which the Insured and/or any covered family member are not legally liable for payment;
- any professional services for which the Insured and/or any covered family member were once legally liable for payment, but from which liability the Insured and/or family member were released;
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- services Provided by You or a Provider who is a member of an Insured's Family;
- charges that are payable or reimbursable by either: a) a plan or program of any governmental agency (except Medicaid); or b) Medicare Part A, Part B and/or Part D (If the applicable Insured does not enroll in Medicare, We will estimate the charges that would have been paid if such enrollment had occurred);
- cosmetic items;
- broken appointment fees;
- refitting or change in lens design after the initial fitting; and
- expenses which exceed 100% of those actually incurred by the Insured.

The PremierVision Insurance Plan pays in addition to any coverage You have in force.

Renewability and Termination

Coverage under the PremierVision Plan is guaranteed renewable to age 65 or in the event an Insured otherwise becomes a Medicare enrollee.

Coverage under the PremierVision Plan will end on the earlier of the following: the premium due date in the month following the date the Association Group Vision Insurance Policy is terminated by the Group Policyholder; the date the Primary Insured terminates membership or ceases to be a member in the association which is the Group Policyholder; with respect to Your Spouse who is covered under the PremierVision Plan, the premium due date in the month following the effective date of Your divorce decree, annulment or court approved separation; with respect to Your child(ren) who are covered under the PremierVision Plan, the premium due date in the month following such Insured's nineteenth (19th) (twenty-fourth (24th) if a Full-Time Student) birthday; with respect to coverage that is extended after proper notice and premium payment to a newborn of any Insured who is Your unmarried, dependent child under the age of 19 (24 if a Full-Time Student), terminates eighteen (18) months after the date of such newborn's birth; the date an Insured becomes eligible for Medicare; the due date of any unpaid Monthly Renewal Premium, subject to the grace period; the date You terminate coverage by notifying Us of the date You desire coverage to terminate for the applicable Insured whose coverage You want to terminate; the date We elect to discontinue offering this type of vision insurance coverage in Your state and to terminate all such policies in Your state; and the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for the PremierVision Plan or in filing a claim for Benefits under the PremierVision Plan.

Mandatory Dispute Resolution

The PremierVision Plan contains Mandatory Dispute Resolution Procedures for the prompt, fair and efficient resolution of any Dispute. This provision provides for the parties to first attempt to achieve resolution of any Dispute through negotiation. If the parties cannot reach an agreement through negotiation, this provision provides for resolution to be then attempted through non-binding mediation. Finally, if the parties cannot reach an agreement through mediation, this provision provides for a neutral arbitrator to assist the parties with resolution through mandatory, binding arbitration.

ACA Individual Mandate & Shared Responsibility Payment

The PremierVision Plan provides benefits for covered vision services only. The PremierVision Plan is considered an "excepted benefit plan" under the ACA and is not a "minimum essential coverage" plan under the ACA. The ACA generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 – 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter.

The information shown here and in any accompanying literature is a brief description only and does not contain the full specifications, limits, and exclusions applicable to the coverage. Important limitations, reductions, and exclusions will apply. The Certificate sets forth, in detail, the rights and obligations of both You and the insurance company, and only the Certificate defines and controls the rights and obligations of the parties. It is, therefore important that You READ THE CERTIFICATE CAREFULLY!

Insurance coverage underwritten by:
Freedom Life Insurance Company of America
A member company of USHEALTH Group®
P.O. Box 1719 | Fort Worth, TX 76101 | 1-800-387-9027

Group Policy: GRP-P-06-FLIC

