



Mississippi Valley State University

SUMMARY OF BENEFITS

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only

Take a sneak peek before enrolling

- You're on the ACCESS Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.866.723.0596.
- For LASIK providers, call 1.877.5LASER6.

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Co-pay	Up to \$40
Frames	\$0 Co-pay, \$130 Allowance, 20% off balance over \$130	Up to \$46
Standard Plastic Lenses		
Single Vision	\$15 Co-pay	Up to \$40
Bifocal	\$15 Co-pay	Up to \$60
Trifocal	\$15 Co-pay	Up to \$80
Lenticular	\$15 Co-pay	Up to \$78
Lens Options		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0	Up to \$5
Standard Polycarbonate	\$0	Up to \$5
Standard Anti-Reflective Coating	\$45	N/A
Standard Progressive Lens (add on to Bifocal)	\$85	N/A
Other Add-Ons and Services	20% off retail	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	\$35 Co-pay, paid-in-full fit and two follow-up visits	Up to \$20
Premium Contact Lens Fit & Follow-Up	\$35 Co-pay, 10% off retail price, then apply \$20 Allowance	Up to \$20
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$135 Allowance, 15% off balance over \$135	Up to \$105
Disposable	\$135 Allowance; plus balance over \$135	Up to \$105
Medically Necessary	\$0 Co-pay, paid-in-full	Up to \$210
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

Benefits are not provided from services or materials arising from: Orthopic or vision training, subnormal vision aids and any associated supplemental testing; Anisokonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures; Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; 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; 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. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered - fund as a Bifocal lens. Standard Progressive lens covered - fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use within the same benefits year. Fees charged for a non-insured Standard Progressive lens must be paid in full to the Provider. Such fees or materials are not covered. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.