

Berwyn Insurance & Financial

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This pamphlet serves as a summary of benefits as well as a comparison with common yearly examples of employees use of vision services and benefits. The summary of benefits highlights all the benefits, as well as those that were not included in the previous vision plan (i.e. discounts on Lasik, 40% discounts on additional full pairs of eyewear, 20% off remaining balances, etc.). The examples use consumer reports on costs of services, frames, lenses, contacts, etc., and puts plans side by side to show total out of pocket cost to employees, based on the said plan. Not only is this plan extremely cost effective and reduces member contributions, but it also has a richer benefit overall. I hope this provides some insight as to exactly how much better the Eye Med plan is than their previous rider. I would like to also point out, the flat benefit (\$300) rider that was previously attached to the medical plan is something that is no longer offered by not only BCBS, but all the leading vision insurance companies.



Dearborn National Vision Care Summary of Benefits

City of Berwyn

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

- For a complete list of in-network providers near you, visit www.dearbornnational.com/vision or call 1.844.323.8302.
- For LASIK providers, call 1.877.SLASER6.

12/12/12/\$150

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Frequency	In-Network Member Cost	Out-of-Network Reimbursement*
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Contact Lens Eval/Fitting	N/A	
Vision Care Services		
Exam With Dilation as Necessary	\$10 Copay	Up to \$30
Contact Lens Fit & Follow-Up	Up to \$40 for Standard, 10% off retail price for Premium	N/A
Frames		
Any available frame at provider location	\$0 Copay, \$150 Allowance, 20% off balance over \$150	Up to \$/5
Standard Lenses		
Single Vision	\$10 Copay	Up to \$25
Bifocal	\$10 Copay	Up to \$40
Trifocal	\$10 Copay	Up to \$55
Lenticular	\$10 Copay	Up to \$55
Standard Progressive Lens	\$/5 Copay	Up to \$40
Premium Progressive Lens	See table on page 2.	Up to \$40
Lens Options		
Tint (solid and gradient)	\$15	N/A
Scratch Resistant Coating	\$0	Up to \$5
Polycarbonate Lenses	\$0 kids; \$40 adults	Up to \$5 kids
Ultraviolet Coating	\$15	N/A
Anti-Reflective Coating	See table on page 2.	N/A
High Index Lenses	20% off retail	N/A
Polarized Lenses	20% off retail	N/A
Photochromic/Transitions Plastic	\$/75	N/A
Contact Lenses (in lieu of spectacle lenses)		
Conventional	\$0 Copay, \$150 Allowance, 15% off balance over \$150	Up to \$120
Disposable	\$0 Copay, \$150 Allowance, plus balance over \$150	Up to \$120
Medically Necessary	\$0 Copay, paid-in-full	Up to \$210
Other		
Laser Vision Correction	15% retail price or 5% off promotional price	N/A
Additional Pairs Benefit	40% discount off complete pair eyeglass purchases once the funded benefit has been used	N/A
Amplifon Hearing Discount	40% off hearing exams and low price guarantee on discounted hearing aids	N/A
Additional Discounts	20% off non-covered items with limitations	N/A
Monthly Rates		
Employee	\$9.56	
Employee + Spouse	\$18.17	
Employee + Children	\$19.13	
Employee + Family	\$28.12	

Eligibility: All active full-time employees as defined by your employer.
 *Reimbursement is subject to plan terms and conditions.

SUMMARY OF BENEFITS CONTINUED

Progressive Price List ¹	Member Cost In-Network
Standard Progressive	\$75 Copay
Premium Progressives ² as follows:	
Tier 1	\$95 Copay
Tier 2	\$105 Copay
Tier 3	\$120 Copay
Tier 4	\$75 Copay
	80% of charge less \$120 Allowance

Anti-Reflective Coating Price List ¹	Member Cost In-Network
Standard Anti-Reflective Coating	\$45
Premium Anti-Reflective ² Coatings as follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge

Other Add-ons Price List	Member Cost In-Network
Premium Anti-Reflective ² Coatings as follows:	
Photochromic	\$75
Polarized	80% of charge

¹Dearborn National Vision Care 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.

²Premium progressives and premium anti reflective designations are subject to annual review by eyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

PLAN EXCLUSIONS

- 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses
- 2) Medical and/or surgical treatment of the eye, eyes or supporting structures
- 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear
- 4) 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
- 5) Plano (non prescription) lenses and/or contact lenses
- 6) Non-prescription sunglasses
- 7) Two pair of glasses in lieu of bifocals
- 8) 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
- 9) Services or materials provided by any other group benefit plan providing vision care
- 10) 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



2019-2020 Eye Med Benefits

<u>Vision Care Services</u>	<u>In-Network Member Cost</u>	<u>Out-of Network Member Reimbursement</u>
<u>Exam Services</u>		
Exam with Dilation as Necessary	\$10 Copay	Up to \$30
Retinal Imaging	Up to \$39	Not Covered
<u>Contact Lens Fit and Follow-Up</u>		
Fit and Follow-up - Standard	Up to \$40	Not Covered
Fit and Follow-up - Premium	10% off Retail Price	Not Covered
<u>Frames</u>		
Frame	\$0 Copay; 20% off balance over \$150 Allowance	Up to \$75
<u>Lenses</u>		
<u>Lens Options</u>		
Anti Reflective Coating - Standard	\$45	Not Covered
Anti Reflective Coating - Premium Tier 1	\$57	Not Covered
Anti Reflective Coating - Premium Tier 2	\$68	Not Covered
Anti Reflective Coating - Premium Tier 3	20% off Retail Price	Not Covered
Photochromic - Plastic	\$75	Not Covered
Polycarbonate - Standard - age 19 and over	\$40	Not Covered
Polycarbonate - Standard - under age 19	\$0 Copay	Up to \$5
Scratch Coating - Standard Plastic	\$0 Copay	Up to \$5
Tint - Solid or Gradient	\$15	Not Covered
UV Treatment	\$15	Not Covered
All Other Lens Options	20% off Retail Price	Not Covered
<u>Contact Lenses</u>		
Contacts - Conventional	\$0 Copay; 15% off balance over \$150 Allowance	Up to \$120
Contacts - Disposable	\$0 Copay; 100% of balance over \$150 Allowance	Up to \$120
Contacts - Medically Necessary	\$0 Copay	Up to \$210

Additional Purchase

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
Frames		
Frame	20% off Retail Price	Not Covered
Lenses		
Lenses	20% off Retail Price	Not Covered
Lens Options		
Lens Options	20% off Retail Price	Not Covered
Packages		
Frame, Lens and Lens Options Purchased as Complete Pair	40% off Retail Price	Not Covered
Contact Lenses		
Contacts - Conventional	15% off Retail Price	Not Covered

Lasik

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
Exam Services		
Lasik or PRK From U.S. Laser Network	15% off retail or 5% off promo price; call 1-800-988-4221	Not Covered

Routine Service

Service	Member Eligible As Of*	Frequency
Exam	05/01/2019	Once every 12 months from the date of service
Lenses	05/01/2019	Once every 12 months from the date of service
Frames	05/01/2019	Once every 12 months from the date of service
Contact Lenses	05/01/2019	Once every 12 months from the date of service
Contact Lens Fit & Follow-up	05/01/2019	Unlimited



EyeMed Progressive and Anti-Reflective Tier Classifications 2019

Progressive Classification*
Standard Progressives as Follows:
Adaptar / Adatar Short / Essilor Computer / Essilor Interview / Natural / Navigator / Navigator Short / Ovation / Super No Line / Amplitude / Amplitude Mini / GP / HoyaLux Tact / Seiko AF 2 / Seiko AF 2 Mini / Seiko Diamond Clear Mini / Synchrony Access / AO Compact / Gradal RD / Instinctive / Sola Max / VIP / Zeiss Business / Freedom 5 / Freedom Fit / Freedom ID / Outlook / Shoreview / Shoreview Mini / Unique Softwear / Synchrony Easy M / Synchrony Easy View / Synchrony Access / MVC Standard Progressive
Premium Progressives as Follows:
TIER 1 - Adaptar Digital / Adaptar Digital Short / Natural Digital / Ovation Digital / Small Fit / Small Fit Digital / Amplitude BKS / Amplitude Mini BKS / Amplitude IQ / Amplitude IQ Mini / GP Wide / Tact BKS / Navigator FBS / Navigator Short FBS / Proceed II / Proceed III / Gradal Top / Instinctive HD / AO Easy / Synchrony / Synchrony Easy S / Adage / Concise / Illumina / Image / Image Wrap / Novel / Novella / Precise / Precise Short / Xplorer / Shamir 1st Pal / MVP / Premium Progressive / Short Fit Progressive / LC Design 1.0
TIER 2 - Ideal / Ideal Short / Varilux Comfort 2 / Varilux Comfort 2 Short / Varilux Comfort DRx / Varilux Comfort DRx Short / Summit CD / Summit ECP / Seiko PC Wide Computer / Succeed / Succeed WS / Element / Compact Ultra / GT2 / GT2 Short / Sola One / Zeiss Choice / Zeiss Digital / Zeiss Digital Wrap / DST Custom Plus / HD Workspace / Kodak Precise PB / Kodak Precise PB Short / IOT Everyday / TruClear / Nikon Presio I Digital / Instinctive Performance / Synchrony Easy View HD / Synchrony Easy View M HD / Synchrony Easy View S HD / Synchrony Easy Adapt / Synchrony Access HD / Synchrony Easy Wear / Signet Armorlite DirecTek / Signet Armorlite DirecTek Short / Workspace
TIER 3 - Definity / Definity Short / Ideal Advanced / Ideal Advanced Wrap / Varilux Comfort W2+ / Varilux Comfort W2+ Fit / Varilux Ellipse / Varilux Panamic / Varilux Physio / Varilux Physio Short / Varilux Physio DRx / Varilux Physio DRx Short / Varilux Stylistic Wrap / Supercede II / Autograph II Attitude Wrap / Autograph II Office / Shamir Computer / Shamir Golf Progressive / Shamir InTouch / Shamir Work Space / Shamir Spectrum + / Shamir Autograph Attitude Fashion / Shamir Autograph Attitude Fashion Short / Shamir Autograph Attitude Sport / AO Easy HD / Compact Ultra HD / GT2 3D / GT2 3D Short / Sola One HD / Zeiss Choice Plus / Zeiss Offilens / Concise Digital / DST Custom Plus HD / DST Custom Plus HD Sun Wrap / Precise Digital / Precise Digital Short / Unique / Kodak Unique DRO / IOT Ultimate / IOT Universal / IsSential / TruClear SD / Nikon Digi Life / Synchrony Performance HD / Synchrony Easy Wear HD / Synchrony Ultra HD / Synchrony Work & Go HD / Synchrony Work & Read HD / Synchrony Work & Office HD / Synchrony PAL Starter HD / Hoya Array Fixed / Hoya Array VL / Hoya Summit ECP IQ / Hoya Summit CD IQ / Hoya ID Zoom / Hoya ID Screen / Hoya ID Space / Zeiss Energize Me
TIER 4 - Other Premium Progressives
Anti-Reflective Classification*
Standard Anti-Reflective Coatings as Follows:
Sharp View Plus / Crizal Kids w/UV / Hoya Premium Coating / Zeiss Super ET / Backside AR / Custom CleAR / Custom CleAR Sun / Clean Shield AR / ProClean / Reflection Free / RF Endura / Trion AR / HMC Plus / Blue Shield AR / SYNGERY Crystal AR / SYNGERY Crystal UV AR / RayBan Sun AR / Synchrony HMC / Standard AR / Standard Backside AR / Anti-Reflective AR / CleAR
Premium Anti-Reflective Coatings as Follows:
TIER 1 - Crizal Easy w/UV / Crizal Prevencia Kids / Xperio Sun UV / Xperio Sun UV w/Mirrors / VISO / HiVision / Hoya Premium w/ViewProtect / BluCrystal / Kodak CleAR / RF Endura EZ / Zeiss DuraVision Chrome
TIER 2 - Crizal Alize w/UV / Crizal SunShield w/UV / VISO XC / HiVision w/ViewProtect / Allure AR / Zeiss DuraVision Silver / Custom CleAR Plus / Custom CleAR Plus Sun / Clean Shield Elite AR / Clean Shield Elite Sun AR / ECC AR / Kodak Clean'N CleAR / Kodak Clean N Clear AR UV / Kodak Total Blue AR / Vivid AR / RayBan Premium AR / Synchrony HMC+ / Premium AR / EasyCare Premium AR / EZ Premium CleAR
TIER 3 - Other Premium Anti-Reflective Coatings

EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket amounts

* Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels

January 1, 2019

Old BC/BS Vision Rider vs New Eye Med Vision Plan

Sample Benefits

(All information below from optical consumer reports)

-The average price for an eye exam is slightly more than **\$100**, with the exact amount dependent on a number of factors. Vision insurance coverage varies. Some plans pay for the exam cost outright, while others require a copay.

-What you pay for a contact exam cost can be **\$25 to \$150** more than what you pay for a standard eye exam. The average cost of a regular eye exam will vary depending on where you live and who you visit for an eye exam. (For sake of this example, I will use the low end of **\$25** dollars added)

-If you replace your contacts approximately every two weeks, this means you need about five boxes (30 lenses) per eye, or a total of 10 boxes per year (this assumes that you do not wearing your contacts 100% of the year, which is not recommended). This comes to an annual contact lens cost of **roughly \$220 to \$260** (For sake of this example, I will use the low end of **\$220**.) A number of factors can change this estimate, including: Astigmatism.

-If your eye doctor recommends and prescribes disposable bifocal contact lenses, an estimated per-box cost for these lenses is **\$50 to \$70**. (For the sake of this example, I will use the low end of \$50)

-The average price for eyeglasses nationally is **\$196**. Discount retailers, such as LensCrafters or Pearle Vision, offer a range of options. Prices range from **\$159** for standard, metal-alloy frames to more than **\$500** for designer frames. (For the sake of ease with this example, I'm using 150 as the average)

Types of Lenses for Glasses

- **Progressives** (\$260) provide a smooth, gradual change in lens strength for seeing well at any distance. Consider them if you need glasses for distance and reading and find the split screen of bifocals or trifocals uncomfortable. Pricier than bifocals (\$105), they can be made with CR-39, polycarbonate, or high-index lenses.
- **Polycarbonate lenses** (\$160 for single vision, \$315 for Progressive) are thinner and lighter than plastic lenses and more durable as well.
- **High-index lenses** (\$150 for single vision, \$350 for progressives) CR-39 or polycarbonate lenses, and they will work for even the strongest prescriptions.

Types of Lenses for Glasses (cont.)

- **High-definition lenses** (\$310 for progressive HD lenses) offer sharper vision and better peripheral vision than standard technology. You might want to opt for them if you have more complex visual problems, such as cataracts or corneal scars. They can be made with CR-39, polycarbonate, or high-index lenses.
- **Trivex lenses** (\$200 for single vision, \$400 for progressives) are more scratch-resistant than either CR-39 or polycarbonate lenses. They can be useful if you wear rimless or semi-rimless frames, or if you're hard on glasses.
- **Anti-scratch**—generally a good idea for all—comes with 95 percent of plastic lenses. Check the warranty; retailers will often replace lenses that get scratched in the first year after purchase free of charge.
- **Anti-reflective** coating (\$50 to \$100), often bundled with high-index and HD lenses, used to be hard to clean and smudge-prone but now has anti-smudge/anti-fog technology. If you have trouble seeing properly when on a computer, driving, and at night, consider them.
- **Ultraviolet protection** (\$20 to \$100) is a good idea for most people because the sun's UV rays may boost the risk of cataracts. Most lenses already come with this coating; make sure yours do.
- **Photochromic** coating (\$50 to \$150) darkens in sunlight and shields you from UV rays. It's helpful if you'd rather not carry separate sunglasses.
- **Blue-light-blocking** coatings (\$30 to \$180) are said to reduce exposure to computer screens' LED light. (Some studies suggest that overexposure can damage the retina and increase the risk of age-related macular degeneration and cataracts).

Examples for Comparison

Employee1: Eye Exam, Frames with Polycarbonate Lenses

	<u>BCBS RIDER</u>	<u>EYE MED</u>
+Eye Exam	\$100	\$0
+Frames	\$150	\$0
+PolyCarb Lens	\$160	\$40
=	\$410	\$40
-Benefit	\$300	
	\$110	\$40

Employee2: Contact Lens Exam, 1 Yr Contact Lenses, Frames w/ Polycarb Lenses

	<u>BCBS RIDER</u>	<u>EYE MED</u>
+Exam	\$125	\$0
+Frames	\$150	\$0
+Contacts (1yr)	\$220	\$187 (%15 off)
+Polycarb Lenses	\$160	\$40
=	\$545	\$227
-Benefit	\$300	
	\$245	\$227

Examples for Comparison (cont.)

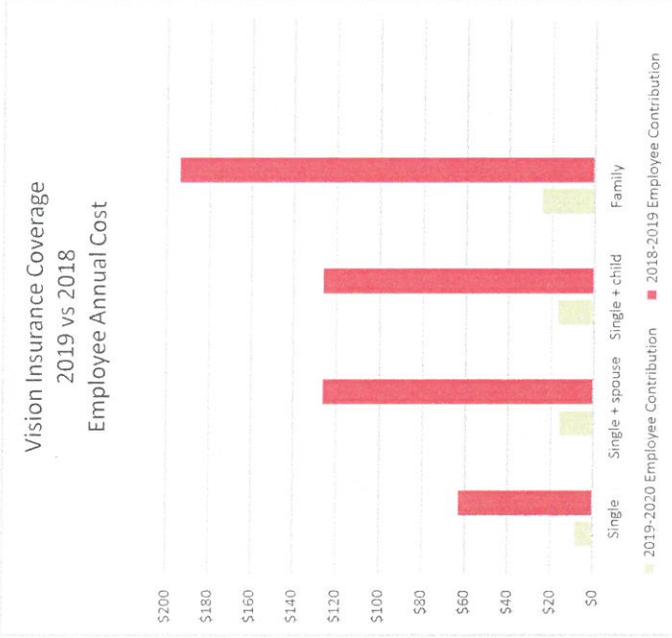
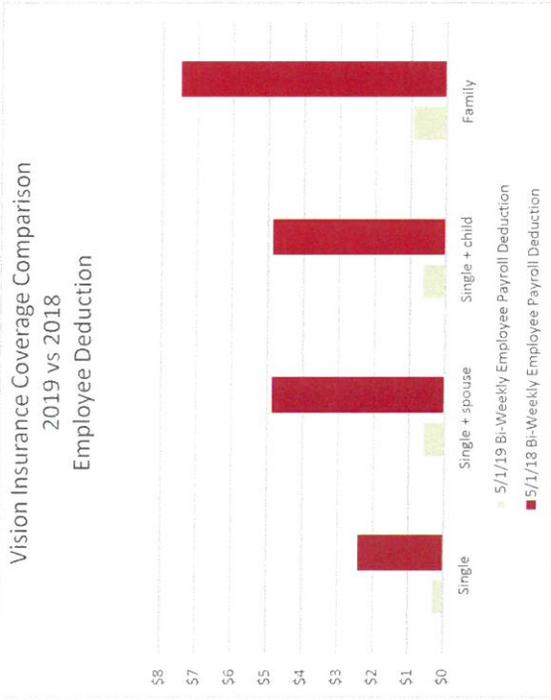
Employee3: Eye Exam, Frames, Standard Progressive Lenses

	<u>BCBS RIDER</u>	<u>EYE MED</u>
+Eye Exam	\$100	\$0
+Frames	\$150	\$0
+Standard Prog	\$260	\$75
=	\$510	\$75
-Benefit	\$300	
	\$210	\$75

Employee4: Contact Lens Exam, Contact Lenses

	<u>BCBS RIDER</u>	<u>EYE MED</u>
+Contact Exam	\$125	\$0
+Contacts (1yr)	\$220	\$59.50(15% off \$70)
=	\$345	\$59.50
-Benefit	\$300	
	\$45	\$59.50

**City of Berwyn
Vision Insurance Renewal Rates
2019 Comparison vs 2018**



	2019/2020 Dearborn National Vision Rates			2018/2019 BCBS Vision Rates		
	Effective 5/1/19 Monthly Premium	Bi-Weekly Employer Contribution	5/1/19 Bi-Weekly Employee Payroll Deduction	Effective 5/1/18 Monthly Premium	Bi-Weekly Employer Contribution	5/1/18 Bi-Weekly Employee Payroll Deduction
Single	\$ 7.01	\$ 2.91	\$ 0.32	\$ 52.30	\$ 21.72	\$ 2.41
Single + spouse	\$ 13.32	\$ 5.53	\$ 0.61	\$ 105.00	\$ 43.62	\$ 4.85
Single + child	\$ 14.02	\$ 5.82	\$ 0.65	\$ 105.00	\$ 43.62	\$ 4.85
Family	\$ 20.61	\$ 8.56	\$ 0.95	\$ 161.38	\$ 67.03	\$ 7.45

Premium Savings Per Year with Change to Dearborn
(26 paychecks per year)

	2019 Employer Contribution	2019 Employee Contribution	2018 Employer Contribution	2018 Employee Contribution	2018 Employer Contribution	2018 Employee Contribution	2019 Employer Savings	2019 Employee Savings
Single	\$ 75.66	\$ 8.32	\$ 564.84	\$ 62.76	\$ 54.44	\$ 489.18	\$ 110.14	\$ 990.22
Single + spouse	\$ 143.78	\$ 15.86	\$ 1,134.00	\$ 126.00	\$ 110.14	\$ 990.22	\$ 109.10	\$ 982.68
Single + child	\$ 151.32	\$ 16.90	\$ 1,134.00	\$ 126.00	\$ 109.10	\$ 982.68	\$ 168.96	\$ 1,520.34
Family	\$ 222.56	\$ 24.70	\$ 1,742.90	\$ 193.66	\$ 168.96	\$ 1,520.34		