

PriorityVision for large groups

Powered by EyeMed

What's going on with your eyes tells your doctor a lot about what's going on in your body. Easy access to vision coverage keeps employees safe and productive whether they use computers or power tools. That's why we offer affordable **Priority**VisionSM, with flexible options that work with every Priority Health medical plan.

It's easy to add coverage

When you do, your employees:

- · Have access to EyeMed's award-winning call center, ranked among America's highest-rated call centers.
- · Can schedule online and walk-in appointments for in-network providers.
- · Have access to our online "Find a Doctor" tool to quickly locate nearby providers.
- · Have access to the largest nationwide network of independent eye care professionals and retail chains, including:

LensCrafters®

Pearle Vision®

Target Optical®

· Have access to online, in-network provider options such as:

Contactsdirect.com

Glasses.com

LensCrafters.com

Oakley.com

Ray-Ban.com

TargetOptical.com

How it works

Priority Health will manage:

- Eligibility
- · Billing
- · Account management

EyeMed will manage:

- · Network management
- · Claims administration
- Member customer service

PriorityVision plans

For groups with 51 or more employees. Available for contributory and voluntary funded plans. *Contributory:* Ideal for when you want to share the cost of vision benefits with your employees. *Voluntary:* Ideal for when you want your employees to pay 100% of their vision coverage.

Plan	What's covered	Benefit options
С	Exam only	 12-month frequency, \$5 copayment 12-month frequency, \$10 copayment 12-month frequency, \$15 copayment 24-month frequency, \$5 copayment 24-month frequency, \$10 copayment 24-month frequency, \$15 copayment
E	Materials only	· \$200 allowance for glasses or contacts every 12 months
G	Exam and materials	 12-month exam frequency, \$10 copayment; \$200 materials allowance 24-month exam frequency, \$10 copayment; \$200 materials allowance
Н	Exam and materials	 H-1: \$10 exam copayment/\$25 lenses copayment/\$100 frames or \$115 contacts allowance (Frequency: 12/12/24 months) H-2: \$10 exam copayment/\$10 lenses copayment/\$130 frames or contacts allowance (Frequency: 12/12/12 months) H-3: \$10 exam copayment/\$0 lenses copayment/\$150 frames or contacts allowance (Frequency: 24/24/24 months)

This chart doesn't include all plan copayments and allowances. See the Summary of Benefits for each plan for full details.

Contact your independent agent or Priority Health sales representative today.