



# KEY GROUP VISION INSURANCE

BENEFITS FOR EMPLOYEES THAT BENEFIT EMPLOYERS

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Underwritten by Companion Life Insurance Company  
Administered by Key Benefit Administrators

## WHY A VISION CARE PLAN?

We believe eye exams are important – not only for vision correction, but for disease prevention. And the steady growth of computer use at work, in school and at home has only magnified the need for professional eye care. This is true for children as well as adults. Routine eye examinations may reveal signs of many potentially serious health conditions, yet many medical insurance programs do not provide coverage for vision care services.

According to 2013 data listed on the Vision Council's website ([thevisioncouncil.org](http://thevisioncouncil.org)), 177.8 million Americans aged 18+ wear some form of vision correction. And vision problems are more common as people get older. But vision care is important for children too. Undetected vision problems in children may interfere with learning. Early treatment can often restore normal vision and reduce or limit vision loss. Yet only one in three Americans gets a comprehensive annual eye exam.



**177.8 million Americans aged 18+ wear some form of vision correction**



**Benefits for Employees that Benefit Employers**

## BENEFIT PLAN DESIGN

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### **The Key Group Vision Plan**

(Exam and Eyewear)

*A comprehensive plan providing members with a paid-in-full exam, after the specified co-pay is applied, contact lens fitting and follow-up and allowances for eyewear, such as frames, lenses and contact lenses. Allowance is \$100 Frames/\$80 Contacts plus substantial discounts for other eyewear options.*

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### **VALUE-ADDED SERVICES:**

(These are not insurance benefits.)

- **Unlimited additional discounts up to 40% off after funded eyewear benefit has been used** (discount is not available for those frames for which the manufacturer prohibits a discount)
- **20% discount on all items not fully covered** (subject to limitations and exclusions)
- **Laser vision correction savings of 15% off retail or 5% off promotional price at U.S. laser vision network providers nationwide**
- **Replacement contact lenses by mail program allows members to take advantage of convenient home delivery**







## ELIGIBILITY AND PARTICIPATION REQUIREMENTS

### FOR STAND-ALONE KEY GROUP VISION PLANS

A minimum of ten (10) employees must participate in the plan.

### FOR KEY GROUP VISION PLANS PACKAGED WITH A KEY GROUP DENTAL PLAN

When sold as a package, the Key Group Dental participation requirements apply to the Key Group Vision plan. A minimum of three employees or 20% of your eligible employee lives must participate in the plan.

**Only a 10 minimum  
employee requirement  
to participate in the plan.**

## PROVIDER NETWORK

Key Group Vision offers a nationwide network of convenient, accessible options for eye care offered through *EyeMed*<sup>SM</sup> Vision Care. The program offers unlimited choice with quality and value. Members enjoy easy access to thousands of conveniently located vision care providers including optometrists, ophthalmologists, opticians and many leading optical retailers, such as *Private Practitioner*<sup>®</sup>, *LensCrafters*<sup>®</sup>, *Pearle Vision*<sup>®</sup>, *Target Optical*<sup>®</sup>, and *JCPenney Optical*<sup>®</sup> locations.



Access to more than 85,000 vision care providers at almost 27,000 locations nationwide

No appointment  
necessary

Evening and weekend hours  
at many locations

Choice of thousands of  
fashionable, designer frames

Convenient mall or nearby  
mall location

## CHOICE OF QUALITY LENSES AND FRAMES

**LENSES:** Providers are given the freedom to recommend whichever lens brands or options they believe offer the best ocular clarity.

**FRAMES:** Key Group Vision provides total flexibility to choose eyeglass frames that meet any taste, need or lifestyle. You may choose from any available frame at your provider location. Most providers carry frames by Luxottica, the world leader in eyeglass design and manufacturing. The Luxottica collection of eyewear includes the most reputable and prestigious names in the optical fashion world.

## KEY GROUP VISION\*

Key Group Vision	Exam and Eyewear	
	IN-NETWORK	OUT-OF-NETWORK
<b>VISION CARE SERVICES:</b>		
Exam with Dilation (as necessary)	\$10 Copay	\$35 Allowance
Contact Lens Fit and Follow-up: (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed)		
Standard**	\$0 Copay	\$40 Allowance
Premium***	\$0 Copay, 10% off retail, then apply \$55 allowance	\$40 Allowance
<b>FRAMES:</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Any available frame at provider location	\$100 Frame allowance, 20% off balance over allowance	\$45 Allowance
<b>STANDARD PLASTIC LENSES:</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Single	\$10 Copay	\$25 Allowance
Bifocal	\$10 Copay	\$40 Allowance
Trifocal	\$10 Copay	\$55 Allowance
<b>STANDARD PLASTIC LENSES:</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
UV Coating	\$15 Copay	Discount available only at Network providers and retailers
Tint (Solid and Gradient)	\$15 Copay	
Standard Scratch Resistant Coating	\$15 Copay	
Standard Polycarbonate	\$40 Copay	
Standard Anti-Reflective Coating	\$45 Copay	
Standard Progressive (Add-On to Bifocal)	\$65 Copay	
Other Add-Ons and Services	20% off retail	
<b>CONTACT LENSES (MATERIAL ONLY):</b>	<b>CONVENTIONAL AND DISPOSABLE: IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Not Medically Necessary	\$0 Copay, \$80 allowance, 15% off balance over allowance (conventional only).	\$64 allowance
Medically Necessary	Paid in full.	\$200 allowance

### FREQUENCY:

Examination	12 months
Frames	24 months
Eyeglass Lenses	12 months†
Contact Lenses (in lieu of eyeglass lenses)	12 months††

Call 866-723-0596  
to locate the nearest EyeMed provider,  
or visit EyeMedVisionCare.com.

Rates are guaranteed for 12 months.

\*Representative of policy VGRP-300 (11/05)

\*\*Standard Contact Lens Fitting: spherical clear contact lenses in conventional wear planned replacement (examples include, but not limited to, disposable, frequent replacement, etc.).

\*\*\*Premium Contact Lens Fitting - all lenses design, materials and fittings other than Standard (examples include, but not limited to, toric, multifocal, etc.)

†Eyeglass lenses are paid in lieu of the contact lenses benefit. Once in a 12-month period defined by last date of service.

††The contact lens benefit is paid in lieu of eyeglass lenses. Once in a 12-month period defined by last date of service.

Disclaimer: This is a summary of benefits only. Please refer to the policy for comprehensive benefit details. Payment is based upon allowable charges in the area in which the service is rendered.

## Benefits for Employees that Benefit Employers

## LIMITATIONS AND EXCLUSIONS

### **No benefits will be paid for services or materials connected with or charges arising from:**

1. Orthopic or vision training, sub-normal vision aids, and any associated supplemental testing;
2. Aniseikonic lenses
3. Medical and/or surgical treatment of the eye, eyes, or supporting structure;
4. Corrected eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan;
5. Services provided as a result of any Worker's Compensation law;
6. Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount);
7. Services or materials provided by any other group benefit providing for vision care;
8. Two pair of glasses in lieu of bifocals.





## QUESTION AND ANSWER

### How do I find a provider?

There are three easy ways. Visit [eyemed.com](http://eyemed.com), review the ID Card brochure which provides the names and locations of nearby providers, or speak to a representative at 866-723-0513 seven days a week.

### Do I need to schedule an appointment?

Appointments are not necessary at most provider locations, but it's always best to schedule an appointment for an eye exam. For freedom of scheduling, many providers have evening and weekend hours.

### How does the provider know I have Key Group Vision coverage?

At the time of service, present your ID card or simply provide your name and ID number to the provider. The provider will then verify eligibility.

### Do I have to receive all services at one location?

You may choose to receive all services at one provider location or receive an exam at one location and purchase materials at another within the plan frequency period.

### How do I use an out-of-network provider?

If your plan has this option, you will need to obtain an out-of-network claim form by printing a copy from the EyeMed website or by calling our Customer Care Center. Simply pay in full at the time of service and then submit the claim form and receipts to EyeMed for reimbursement.

### What else can I do on the EyeMed website?

EyeMed's website, [eyemed.com](http://eyemed.com), gives you the ability to obtain information about your vision care plan whenever you need it.

*Through the secure password protected site, registered members can:*

- View eye care and eyewear information
- View their specific benefits and how to access them
- Check services for which they are eligible
- Utilize the provider locator to find nearby providers by ZIP code
- Request an ID card



KEY BENEFIT ADMINISTRATORS (KBA) is one of the largest, privately held third party administrators (TPA) organizations in the country. KBA is licensed as a TPA, where required. KBA services a large variety of group benefit plans and provides various functions like policy issue, billing and collection, customer service, claims, COBRA continuation, HRA, HSA, FSA, and Section 125 administration. It serves over half a million members, and processes over two million transactions per year. The company has offices in Indianapolis, Indiana and Ft. Mill, South Carolina.

POLICY BENEFITS, FEATURES AND RATES MAY VARY BY STATE. Plan offerings are subject to state limitation. Not all benefits are available in all states. Please consult your Key Benefit Administrator representative with questions regarding plan offerings.

Companion Life Insurance Company is the insurance company underwriting the voluntary vision plan. The company is located in Columbia, SC, and has been rated A+ (Superior), an independent opinion from the leading provider of insurer ratings of a company's financial strength and ability to meet its obligations to policyholders, based on an analysis of the financial position and operating performance as of December 21, 2016, by A.M. Best Company, an independent analyst in the insurance industry. For the latest rating, access [www.ambest.com](http://www.ambest.com).

This document represents a summary of services offered under the above mentioned insurance policy. Particulars of this plan may differ depending upon group size, plan category and other underwriting considerations which are subject to state insurance laws and the benefits and provisions as described may vary due to said statutes. All products described, herein are subject to the terms, conditions, exceptions and limitations of the specific policy. Please see the specific policy and certificate for details. Policies may not be available in all states.

Benefits provided under this plan are a supplement, and not a substitute for medical coverage. This plan, or its benefits, do not meet minimum essential coverage standards as outlined in the Affordable Care Act.

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