Vision Plan Quick Facts and Quick Links
U.S. Salaried & Full-Time Hourly Associates

Your Vision Plan Options
1 EyeMed Select $120  2 EyeMed Select $150

A Quick Look at the Vision Plan

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<th>EyeMed Select $120 (in-network)</th>
<th>EyeMed Select $150 (in-network)</th>
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<tr>
<td>Disposable Contact Lenses</td>
<td>Plan pays first $120, then you pay balance over $120</td>
<td>Plan pays first $150, then you pay balance over $150</td>
</tr>
<tr>
<td>Frames</td>
<td>Plan pays first $120, then you pay 80% of balance over $120—frame benefit available once every 24 months</td>
<td>Plan pays first $150, then you pay 80% of balance over $150—frame benefit available once every 12 months</td>
</tr>
<tr>
<td>Lenses</td>
<td>$15 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Lens Options Coverage</td>
<td>Some covered, others available at a discount</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Per-biweekly Paycheck Payroll Deduction—Associate-only Coverage</td>
<td>$2.19</td>
<td>$8.04</td>
</tr>
</tbody>
</table>

Cool Vision Plan Features
• **FREE Vision Exams.** The plan covers one eye exam every 12 months and its FREE when you use an EyeMed Select network provider.
• **Pay Less for Glasses and Contacts at EyeMed Select Providers.** Lenscrafters, Sears Optical, Target Optical, JC Penny Optical and most Pearle Vision locations are all EyeMed Select providers.
• **Discounts on Laser Vision Correction.**

When Do I Enroll in Vision Coverage?
• **New Associates Enrolling for the First Time:** Before your 91st day of employment (29th day for Hawaii associates).
• **All Other Associates:** During annual enrollment and when you have a life event.

Quick Links to Frequently Used Vision Plan Info
• I want to find an EyeMed Select provider
• I want to get a discount on laser vision correction
• What’s covered under the plan?
• What’s not covered under the plan?
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Get the Most Value from Your Plan

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<th>What do you need?</th>
<th>Find it here...</th>
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<tr>
<td>• Find an EyeMed Select network provider</td>
<td>Go to <a href="http://www.eyemed.com">www.eyemed.com</a>; or call EyeMed’s Home Depot Member Services Department at 1-888-203-7447 from 7:30 a.m. to 11 p.m. Eastern time Monday through Saturday and 11 a.m. to 8 p.m. Eastern time on Sunday.</td>
</tr>
<tr>
<td>• Get a claim form for an out-of-network provider</td>
<td>Get an EyeMed Provider Nomination Form at <a href="http://www.livetheorangefife.com">www.livetheorangefife.com</a> and give it to your provider OR Call EyeMed’s Customer Care Center at 1-888-203-7447 to request that a form be sent to your vision care provider or give your vision care provider’s information to the Customer Care Representative during your call.</td>
</tr>
<tr>
<td>• Get a new EyeMed Select ID card</td>
<td></td>
</tr>
<tr>
<td>• Get information on eye health</td>
<td></td>
</tr>
<tr>
<td>Nominate your vision care provider to the EyeMed vision network</td>
<td></td>
</tr>
<tr>
<td>File a claim for an out-of-network provider</td>
<td>Mail, fax or e-mail your claim form and itemized receipts to: EyeMed Vision Care, Attn: OON Claims, P.O. Box 8504, Mason, Ohio 45040-7111 <a href="mailto:oonclaims@eyemedvisioncare.com">oonclaims@eyemedvisioncare.com</a> Fax: 1-866-293-7373</td>
</tr>
<tr>
<td>Find out more about discounted laser vision correction surgery</td>
<td>Go to <a href="http://www.EyemedLasik.com">www.EyemedLasik.com</a>; or call 1-877-552-7376 (1-877-5LASER6)</td>
</tr>
<tr>
<td>Get information on the EyeMed discount program (available to all Home Depot associates who are not enrolled in an EyeMed vision option)</td>
<td>Go to <a href="http://www.eyemed.com">www.eyemed.com</a>; or call EyeMed’s Home Depot Member Services Department at 1-888-203-7447 from 7:30 a.m. to 11 p.m. Eastern time Monday through Saturday and 11 a.m. to 8 p.m. Eastern time on Sunday.</td>
</tr>
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</table>

Vision Plan Options

The EyeMed Vision Plan offers you two options:

• EyeMed Select $120 option; and
• EyeMed Select $150 option.

Both options offer:

• **No cost for eye exams.** Eye exams are covered at no cost when you use EyeMed Select network providers. Annual eye exams are important to all ages, as an eye exam not only detects vision correction needs, but can reveal the signs of health conditions including diabetes and high blood pressure.

• **Pay less for eyeglasses and contact lenses when you use EyeMed Select network providers.**

• **Large network of retail and independent providers!** The EyeMed Select network includes thousands of independent optometrists, ophthalmologists and opticians.

• **Large network of leading optical retailers.** Lenscrafters, Sears Optical, Target Optical, JC Penny Optical and most Pearle Vision locations are all EyeMed Select providers.

• **Discounts on laser vision correction.** EyeMed offers vision plan participants a laser vision correction discount of 5% off any promotional price or 15% off the retail price for treatments performed through the U.S. Laser Network, owned and operated by LCA vision.

• **Unlimited additional discounts on eyeglasses and contact lenses.** Vision plan participants get a 40% discount off complete pairs of eyeglasses and a 15% discount off conventional contact lenses once your frame, lens and contact lens benefits have been used.

Coverage Categories

For the Vision Plan, you may select one of four coverage categories:

• associate only
• associate + spouse
• associate + child(ren)
• associate + family (children and spouse)
Using EyeMed Select Network Providers

To find an EyeMed Select network provider, go to www.eyemed.com (be sure to look at “Select” network providers) or call EyeMed’s Home Depot Member Services Department at 1-888-203-7447. Before you go to an EyeMed Select network provider, it is recommended that you call ahead for an appointment. When you arrive, show the receptionist or sales associate your EyeMed Select ID card. If you don’t have your card, say that you are participating in the Home Depot vision care plan so your eligibility can be verified. You can also go to www.eyemed.com to print an ID card or call EyeMed’s Home Depot Member Services Department at 1-888-203-7447 to request a new ID card.

When you receive services by an EyeMed Select network provider, you won’t have to file a claim form. You will have to pay the cost of any services or eyewear that exceeds your allowances and any applicable copayments (see The EyeMed Vision Plan Options chart later in this chapter). You will also owe state tax, if applicable, and the cost of non-covered expenses (see What’s Not Covered later in this chapter). Your EyeMed Select network provider arranges eyewear fabrication and delivery.

Online In-Network Options

In addition to the EyeMed Select network of independent providers and optical retailers, you can receive in-network benefits online through Glasses.com and ContactsDirect. You’ll need a valid prescription from your eye doctor to get started.

- ContactsDirect (www.contactsdirect.com)
  - Use your vision benefits online to make shopping more convenient and contacts more affordable
  - Order contact lenses and have them shipped straight to your door
  - Your contact lenses will ship for free, once the prescription is verified
- Glasses.com
  - Members can apply in-network vision benefits to their transaction
  - Access the award-winning 3D virtual try-on app
  - Choose from a large selection of high-quality frames and lenses, including some of the world’s leading brands
  - Free in-store fitting available at LensCrafters
  - Easy return policies

Using Out-of-Network Providers

If you visit an out-of-network provider, you are responsible for paying the provider in full at the time of service and then submitting the claim and receipts to EyeMed/FAA for reimbursement. You will be reimbursed for eligible services received from an out-of-network provider as shown in The EyeMed Vision Plan Options chart later in this chapter.

To receive care from an out-of-network provider:

- **Request an Out-of-Network Claim Form:** To ensure timely payment of your claim, get an out-of-network claim form at www.eyemed.com before you see the provider. You can also call EyeMed’s Home Depot Member Services Department at 1-888-203-7447 and the form will be mailed to you within 24 hours. Forms can also be emailed or faxed.

- **Schedule an Appointment:** Make an appointment with the out-of-network provider of your choice.

- **Pay for all Services:** Pay for all services at the point of care and ask the provider for an itemized receipt.

- **Submit Out-of-Network Claim Form:** Fill out and submit the out-of-network claim form with paid receipts to EyeMed/FAA for processing. Out-of-network reimbursements are sent directly to you. Payment will include an Explanation of Benefits (EOB).

See the Filing Claims section for more information on using out-of-network providers.

What’s Covered Under the Vision Plan

**Eye Exams**

The EyeMed Select $120 option and the $150 option provide benefits for one eye exam every 12 months. If you use an EyeMed Select network provider, there is no cost to you. If you use an out-of-network provider, you will be reimbursed up to $40 of the amount charged.

**Eyeglasses**

The EyeMed Select $120 option provides benefits for frames once every 24 months and the EyeMed Select network $150 option provides benefits for
frames once every 12 months. If you use an EyeMed Select network provider and choose a frame that exceeds your option’s allowance, you pay 80% of the balance over the allowance. Your provider will assist you in determining which frames are within your allowance and what the additional charges, if any, will be. If you use an out-of-network provider, you will be reimbursed up to the out-of-network frame allowance for your option.

The lens benefit is available once every 12 months in both options. The options differ in the amount you pay for the lenses and lens options.

Elective or medically necessary contact lenses may be provided instead of eyeglass lenses once every 12 months. You cannot receive benefits for contact lenses and eyeglass lenses in the same year.

For information on frame and lens coverage, see The EyeMed Vision Plan Options chart later in this chapter.

Contact Lenses
The Vision Plan covers disposable, non-disposable or medically necessary contact lenses instead of eyeglass lenses. The contact lens fit and follow-up coverage depends on the type of contact lens you will be receiving:

- Standard Contact Lenses include spherical clear contact lenses in conventional wear and planned replacement (for example, disposable and frequent replacement).
- Premium Contact Lenses include all lens designs, materials and specialty fittings other than Standard Contact Lens (for example, toric and multifocal).

Contact lenses are considered to be medically necessary only if one of the following exists:

- To correct extreme vision problems that can be corrected two lines of improvement on the visual acuity chart when compared to the best corrected standard spectacle lenses
- Keratoconus when the member’s vision is not correctable to 20/25 in either or both eyes using standard spectacle lenses
- Anisometropia of 3D in meridian powers
- High ametropia exceeding –10D or +10D in meridian powers

Your eye doctor determines if your vision needs qualify. If your vision needs do not qualify, you may receive the elective contact lens allowance.

For information on contact lens fit and follow-up and contact lens coverage, see The EyeMed Vision Plan Options chart later in this chapter.

Additional Discounts on Eyeglasses and Contact Lenses
Once your frame, lens and contact lens benefits have been used for that calendar year, Vision Plan participants get a:

- 40% discount off complete pairs of eyeglasses
- 15% discount off conventional contact lenses
- 20% discount on items not covered by the plan. This cannot be combined with any other discounts or promotional offers and does not apply to EyeMed provider’s professional services or contact lenses.

These discounts are available through EyeMed Select network providers only. Pursuant to Maryland and Texas law, discounts may not be available at all participating providers. Prior to your appointment, please confirm with your provider that discounts are offered.

For more information on the additional discounts available to EyeMed members, call EyeMed’s Home Depot Member Services Department at 1-888-203-7447.

Discounts on Laser Vision Correction Surgery
As a participant in an EyeMed vision option, you can save money on laser vision correction surgery. You will receive a 15% discount off regular pricing or a 5% discount off promotional pricing on LASIK, PRK and e-LASIK procedures through the US Laser Vision Network, which is owned and administered by LCA-Vision, the leading provider in the industry. For more information about this discount, visit www.EyeMedLasik.com or call 1-877-552-7376. This service is separate from your standard plan benefit.

To access the laser vision discount:
1. Call the U.S. Laser Network at 1-877-552-7376 to find the laser correction provider most convenient for you.
2. Schedule a consultation with the provider. When making the appointment, tell the office that you are an EyeMed member.
3. During your consultation, you and your provider will determine whether or not you are a good candidate for the procedure.
The EyeMed Select Vision Options

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<thead>
<tr>
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<tbody>
<tr>
<td><strong>Exam (once every 12 months)</strong></td>
<td>$0 copay</td>
<td>Up to $40</td>
<td></td>
<td>$0 copay</td>
<td>Up to $40</td>
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<tr>
<td><strong>Eyeglasses (frames and lenses)</strong></td>
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<tr>
<td>Frames</td>
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<tr>
<td><strong>Standard Plastic Lenses</strong></td>
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<tr>
<td>Single vision (once every 12 months)</td>
<td>$15 copay</td>
<td>Up to $35</td>
<td></td>
<td>$0 copay for all</td>
<td>Up to $35</td>
<td></td>
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<tr>
<td>Bifocal (once every 12 months)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Trifocal (once every 12 months)</td>
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<tr>
<td>Lenticular (once every 12 months)</td>
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<tr>
<td>Standard progressive (once every 12 months)</td>
<td>$80 copay</td>
<td>Up to $55</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premium progressive (once every 12 months)</td>
<td>fixed pricing list</td>
<td>Up to $55</td>
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<tr>
<td><strong>Specialty Lens Options</strong></td>
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<tr>
<td>UV Coating</td>
<td>$0 copay</td>
<td>Up to $11</td>
<td></td>
<td>$0 copay for all</td>
<td>Up to $11</td>
<td></td>
</tr>
<tr>
<td>Tint (Solid and Gradient)</td>
<td>$0 copay</td>
<td>Up to $11</td>
<td></td>
<td>$0 copay for all</td>
<td>Up to $11</td>
<td></td>
</tr>
<tr>
<td>Standard Scratch-Resistance</td>
<td>$0 copay</td>
<td>Up to $11</td>
<td></td>
<td>$0 copay for all</td>
<td>Up to $11</td>
<td></td>
</tr>
<tr>
<td>Standard Polycarbonate</td>
<td>$40 ($0 copay for dependents under age 19)</td>
<td>N/A for adults (Up to $28 for dependents under age 19)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>$45</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photochromatic</td>
<td>80% of charge</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitions</td>
<td>80% of charge</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edge Coating</td>
<td>80% of charge</td>
<td>N/A</td>
<td></td>
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</tbody>
</table>

*Coverage details provided are for standard lens options only.*
## The EyeMed Select Vision Options—continued

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<tr>
<th>Item</th>
<th>EyeMed Select $120</th>
<th>Non-EyeMed Select Providers Reimbursement After You Submit Claim</th>
<th>EyeMed Select $150</th>
<th>Non-EyeMed Select Providers Reimbursement After You Submit Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EyeMed Select Providers</strong></td>
<td>$0 fit and two follow-up visits</td>
<td>Up to $40</td>
<td>$0 fit and two follow-up visits</td>
<td>Up to $40</td>
</tr>
<tr>
<td><strong>Non-EyeMed Select Providers Reimbursement</strong></td>
<td>Up to $40</td>
<td>You get 10% off retail price, plan pays first $40, then you pay balance over $40</td>
<td>Up to $40</td>
<td>You get 10% off retail price, then you pay balance over the plan’s $40 allowance</td>
</tr>
<tr>
<td><strong>Contact Lens Fit and Follow-up</strong> (once comprehensive eye exam has been completed)</td>
<td><strong>Premium (examples include toric, multifocal)</strong></td>
<td>Up to $40</td>
<td>Up to $40</td>
<td>Up to $40</td>
</tr>
<tr>
<td><strong>Conventional</strong></td>
<td>Plan pays first $120, then you pay 85% of balance over $120</td>
<td>Up to $96</td>
<td>Plan pays first $150, then you pay 85% of balance over $150</td>
<td>Up to $120</td>
</tr>
<tr>
<td><strong>Disposable</strong></td>
<td>Plan pays first $120, then you pay 100% of balance over $120</td>
<td>Up to $96</td>
<td>Plan pays first $150, then you pay balance over $150</td>
<td>Up to $120</td>
</tr>
<tr>
<td><strong>Medically Necessary</strong></td>
<td>$0 copay</td>
<td>Up to $210</td>
<td>$0 copay</td>
<td>Up to $210</td>
</tr>
</tbody>
</table>
4. If you choose to proceed with the treatment, call the U.S. Laser Network to request an authorization for your discount. A refundable deposit will also be requested at this time. The authorization will be sent to you and the laser provider.

5. Schedule your procedure. After your appointment be sure to follow all post-operative instructions carefully.

**What's Not Covered**

Benefits are not provided for services or materials arising from:

- Orthoptic or vision training
- Subnormal vision aids and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes or supporting structures
- Services provided as a result of any Workers' Compensation law, or similar law
- Lost or broken materials
- Eye or vision exam, or corrective eyewear required by an employer as a condition of employment and safety eyewear, unless specifically covered under the plan
- Two pair of glasses in lieu of bifocals
- Aniseikonic lenses
- Non-prescription lenses and/or contact lenses
- Certain frames where the manufacturer imposes a no-discount policy.

**Coordination of Benefits**

There is no coordination of benefits provision for the Vision Plan. If elected, benefits described in this Benefits Summary are provided regardless of whether or not you are covered by another plan, such as an HMO with a vision exam provision. In addition, you may also receive full discounts that may be available through vision care discount programs offered through your Medical Plan.

**Filing Claims**

When you receive services from an EyeMed Select network provider, you will not have to file a claim form. If you visit an out-of-network provider, you are responsible for paying the provider in full at the time of service and then submitting the claim and receipts to EyeMed/FAA for reimbursement. "FAA" (First American Administrators) is a wholly-owned subsidiary of EyeMed. FAA manages the claim payment and adjudication process for all EyeMed plan members. Mail, fax or e-mail the completed form along with the itemized paid receipts for services and materials to:

EyeMed Vision Care/FAA
Attn: OON Claims
P.O. Box 8504
Mason, Ohio 45040-7111
Fax: 1-866-293-7373
oonclaims@eyemedvisioncare.com

**Appealing a Denied or Reduced Claim**

If a claim for reimbursement or benefits is reduced or denied, in whole or in part, and you want the claim reconsidered, a written request for reconsideration must be submitted in accordance with the procedures set forth in the Claims and Appeals chapter.

**Member Grievance Procedure**

If you are dissatisfied with the services provided by an EyeMed network provider, you should either write to EyeMed at the address indicated above or call EyeMed's Home Depot Member Services Department at 1-888-203-7447. The EyeMed Vision Care Member Services representative will log the telephone call and attempt to reach a resolution to the issues you raised.

If a resolution is not able to be reached during the telephone call, the concern will be addressed through the complaints and appeals process. The member will receive an acknowledgement letter from a Quality Assurance Specialist within three days that includes a resolution or a description of the appeal procedure and time line. If you are not satisfied with the resolution, the member may file a formal appeal in accordance with the procedures set forth in the Claims and Appeals chapter.
Timely Filing Limitation
For the Vision Plan, all claims must be received within 12 months of the date services are rendered. Claims filed after 12 months will not be considered for payment.

Subrogation
There is no subrogation provision within the Vision Plan. Subrogation is the right of the insurance company to recoup benefits paid to a participant through legal suit, if the action causing the disability and subsequent medical expenses was the fault of another individual.

COBRA (Continuing Coverage After Termination)
Federal law requires that you and your eligible dependents be offered the opportunity to purchase a temporary extension of coverage under the Vision Plan at group rates in certain instances where coverage under the Vision Plan would otherwise end. This coverage is referred to as COBRA. For more information, see the COBRA Coverage chapter.

EyeMed Vision Discount Program
The EyeMed Vision Discount Program is available to all Home Depot associates who are not enrolled in an EyeMed vision option. For information on this program, see the EyeMed Vision Discount Program chart later in this chapter.

Member will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this Discount Program. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider’s professional services, or contact lenses. Retail prices may vary by location. Pursuant to Maryland and Texas law, discounts may not be available at all participating providers. Prior to your appointment, please confirm with your provider that discounts are offered.

The EyeMed Vision Discount Program is available through EyeMed Select network providers only.

Limitations and Exclusions for the EyeMed Vision Discount Program
Discount is not provided for services or materials arising from:

- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan
- Services provided as a result of any Workers’ Compensation law
- Discount is not available on those frames where the manufacturer prohibits a discount
**EyeMed Vision Discount Program**

The EyeMed Vision Discount Program is available to all Home Depot associates who are not enrolled in an EyeMed vision option.

### Vision Care Services

#### Member Cost

<table>
<thead>
<tr>
<th>Vision Care Services</th>
<th>Member Cost</th>
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<tbody>
<tr>
<td>Exam with Dilation as Necessary:</td>
<td>$5 off comprehensive exam</td>
</tr>
<tr>
<td></td>
<td>$10 off contact lens exam</td>
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</tbody>
</table>

### Complete Pair of Glasses Purchase:

Frame, lenses and lens options must be purchased in the same transaction to receive full discount.

<table>
<thead>
<tr>
<th>Standard Plastic Lenses:</th>
<th>Frame Options:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Vision</td>
<td>UV Coating</td>
</tr>
<tr>
<td>Bifocal</td>
<td>Tint (Solid and Gradient)</td>
</tr>
<tr>
<td>Trifocal</td>
<td>Standard Scratch-Resistance</td>
</tr>
<tr>
<td>Standard Progressive</td>
<td>Standard Polycarbonate</td>
</tr>
<tr>
<td></td>
<td>Standard Anti-Reflective Coating</td>
</tr>
<tr>
<td></td>
<td>Other Add-Ons and Services</td>
</tr>
<tr>
<td></td>
<td>20% discount</td>
</tr>
</tbody>
</table>

#### Frames

- Any frame available at provider location: 35% off retail price

#### Lens Options

- UV Coating: $15
- Tint (Solid and Gradient): $15
- Standard Scratch-Resistance: $15
- Standard Polycarbonate: $40
- Standard Anti-Reflective Coating: $45
- Other Add-Ons and Services: 20% discount

#### Contact Lens Materials

- Disposable: 0% off retail price
- Conventional: 15% off retail price

#### Laser Vision Correction**:

- Lasik or PRK: 15% off retail price - or - 5% off promotional price

#### Frequency:

- Examination: Unlimited
- Frame: Unlimited
- Lenses: Unlimited
- Contact Lenses: Unlimited

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1 Uses EyeMed Select Network

* Items purchased separately will be discounted 20% off the retail price.

** Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-9LASER6.

Pursuant to Maryland and Texas law, discounts may not be available at all participating providers. Prior to your appointment, please confirm with your provider that discounts are offered.

This is not Insurance