

Summary of Benefits For:  
**Sunland Group**

<b>Exam with Dilation as Necessary</b>
<b>Contact Lens Options</b>
<i>Standard fit and follow-up</i>
<i>Premium fit and follow-up</i>
<b>Standard Plastic Lenses</b>
<i>Single Vision</i>
<i>Bifocal</i>
<i>Trifocal</i>
<b>Frames</b>
<i>Any frame at provider location</i>
<b>Lens Options</b>
<i>UV Coating</i>
<i>Tint (Solid and Gradient)</i>
<i>Standard Scratch-Resistance</i>
<i>Standard Polycarbonate</i>
<i>Standard Progressive</i>
<i>Standard Anti-Reflective</i>
<i>Other Add-ons and Services</i>
<b>Contact Lenses</b>
<i>Conventional</i>
<i>Disposables</i>
<i>Medically Necessary</i>
<b>Laser Correction (US Laser Network)</b>
<i>Lasik or PRK</i>
<b>Frequency</b>
<i>Examination</i>
<i>Frame</i>
<i>Lenses or Contact Lenses</i>

<b>Choice Vision 7</b>	
<b>EyeMed Select Network</b>	
<b>In-Network (Member Cost)</b>	<b>Out-of-Network (Reimbursement)</b>
\$10	Up to \$45
Up to \$40	N/A
10% off Retail	N/A
\$25	Up to \$40
\$25	Up to \$60
\$25	Up to \$80
\$0 CoPay, \$130 allowance; 20% off balance over \$130	Up to \$45
\$0	N/A
\$0	
\$0	
\$0	
\$25	
\$45	
20% Discount	
<b>Declining Balance Allowance</b>	
\$0 CoPay: \$150 Allowance; 15% off balance over \$150	Up to \$150
\$0 CoPay: \$150 Allowance; member responsible for balance over \$150	Up to \$150
\$0 CoPay: Paid in Full	Up to \$210
15% off retail price -or- 5% off promotional price	Not Covered
Once every 12 months	Once every 12 months
Once every 12 months	Once every 12 months
Once every 12 months	Once every 12 months

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison and in the case of a discrepancy, the plan documents apply. Please refer to the Group Certificate Booklet for a complete description of benefits, limitations and exclusions.

Vision Notes For:  
**Sunland Group****Plan Notes**

Members will receive a 20% discount on items not covered by the plan at network providers. This discount may not be combined with any other discounts or promotional offers and does not apply to Eyemed Provider's professional services or contact lenses. retail prices may vary by location.

Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time use benefits; no remaining balance except for contact lens materials, when applicable. Lost or broken materials are not covered.

When enrolled on the Value Vision Plan, complete pair of eyeglasses (frames, lenses, & lens options) must be purchased in the same transaction to receive full discount. If purchased separately, members receive 20% off retail price.

When enrolled on the Classic or Choice vision plans, Members receive a 40% discount off complete eyeglass purchases and a 15% discount off conventional contact lenses at unlimited frequency after the initial benefit has been used. After initial purchase, replacement contact lenses may be obtained via the internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). The contact lens benefit allowance is not applicable to this service.

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 1-877-5LASER6

This summary of benefits is current as of 11/12/2015. To verify up to date benefits, please contact Dental Select Member Services (1-800-999-9789) or refer to your current Certificate of Insurance.