

SAVE UP TO 70% ON YOUR VISION CARE COSTS

IN NETWORK BENEFITS

- Comprehensive eye exam every benefit period with a \$15 copay.
- \$200 material allowance every benefit period towards glasses and/or contact lens with a one-time \$25 copay.
- After your material allowance has been used, receive a 20% discount on glasses and a 15% discount on contact lens at most providers*.
- Discounts of 10%-20% on refractive surgery including LASIK at participating providers.
- \$49 standard contact lens fitting fee or 15% discount off the usual and customary fitting for non-standard contact lens** at most providers*.
- No claims or paperwork to file.



OUT OF NETWORK BENEFITS

- If you choose to use an out-of-network provider, you will be reimbursed the following amounts:
 - Exam including contact lens fitting: \$55 less exam copay
 - Materials: 65% of the material allowance that was used, less material copay
- Please submit a claim form (available at www.physicianseyecareplan.com) along with your itemized receipts to: Physicians Eyecare Plan, 48 Courtenay Dr., Charleston, SC 29403

PREMIUMS PER PAY PERIOD (24 PAY PERIODS)

- You may be able to deduct premiums from your paycheck on a pre-tax basis and thereby reduce the amount of taxes withheld from your paycheck. Ask your human resources professional for more information.

	Premiums Per Pay Period
Employee	\$4.55
Employee + Spouse	\$9.00
Employee + Children	\$9.45
Employee + Family	\$14.45

IMPORTANT INFORMATION

- New members will be mailed a Physicians Eyecare Plan ID card.
- Find an in-network provider by going to www.physicianseyecareplan.com.
- Check your eligibility, print a replacement ID card, download an out-of-network claim form and find answers to frequently asked questions by going to www.physicianseyecareplan.com.
- To make an appointment, call an in-network provider and let them know that you are a PEP member.
- You are responsible for payment to the in-network provider for any amount exceeding the material allowance, any copays and any contact lens fitting fees.
- This is a routine vision program. Medical and surgical treatments of the eyes are not covered benefits.
- Material allowance does not cover non-prescription lenses, non-prescription or cosmetic contact lenses, or non-prescription sunglasses.
- Members will not be able to terminate coverage during their 12 month plan except for a termination resulting from a change in employment or family status.

* Discounts subject to change. Certain providers such as JC Penney Optical, Pearle Vision, Sears Optical, LensCrafters, and Target Optical do not offer discounts on disposable contact lens. Participating Walmart Vision Centers do not offer discounts on glasses, contacts, or contact lens fitting fees. Not all Walmart Vision Centers provide eye exam services.

** Spherical daily wear, extended wear and disposable contact lens are considered standard contact lens; any other contact lens types are considered non-standard.