



The following is a summary of the vision care services for **State of Colorado**.
This document is not the Summary Plan Description.

Plan Information

State of Colorado. (hereinafter, "Employer") has selected EyeMed Vision Care, LLC ("EyeMed") as your vision care services provider (the "Plan"). The Plan, underwritten by Fidelity Security Life Insurance, provides coverage for routine vision exams, as well as eyeglasses and contact lenses.

This Summary reflects the Plan that will be in effect beginning July 1, 2025

This Summary is based on the filed insurance documents. If there is a disagreement between the information contained in this Summary and the insurance documents, the insurance documents will govern.

This Summary does not address Plan eligibility. Eligibility decisions are solely and exclusively determined by Employer.

The Insured benefits are underwritten by Fidelity Security Life Insurance Co. Discounts are provided by EyeMed Vision Care. If you have any questions or concerns, please contact EyeMed Vision Care at www.eyemed.com or 1-888-485-5174.

All claims are processed through First American Administrators ("FAA"), a wholly-owned subsidiary of EyeMed Vision Care, LLC.

The EyeMed Network

EyeMed's network of providers includes private practitioners, as well as the nation's premier retailers, LensCrafters®, Target Optical, and most Pearle Vision locations. To locate EyeMed Vision Care providers near you, visit www.eyemed.com and choose the **Insight network**. You may also call EyeMed's Customer Care Center at **1-888-485-5174**. EyeMed's Customer Care Center can be reached Monday through Friday from 6:00 am to 9:00 pm, on Saturdays from 6:00 am until 9:00 pm and on Sundays from 9:00 am to 6:00 pm MST.

Online options

You can also use your in-network benefits to purchase glasses, contacts and prescription sunglasses online. Simply visit eyemed.com to see a list of participating online options where you can instantly apply your benefits at checkout.

Using In-Network Providers

When making an appointment with the provider of your choice, identify yourself as an EyeMed member and provide your name and the name of your organization or Group number, located on the front of your ID card. Confirm the provider is an in-network provider for the Network. While your ID card is not necessary to receive services, it is helpful to present your EyeMed Vision Care ID card to identify your membership in the Plan.

When you receive services at a participating EyeMed Network Provider, the provider will file your claim. You will have to pay the cost of any services or eyewear that exceeds any allowances, and any applicable co-payments. You will also owe state tax, if applicable, and the cost of non-covered expenses (for example, vision perception training).

Using Out-of-Network Providers

If you receive services from an out-of-network Provider, you will pay for the full cost at the point of service. You will be reimbursed up to the maximums as outlined in the Summary of Vision Benefits. To receive your out-of-network reimbursement, complete and sign an out-of-network claim form and attach your itemized receipts. For your convenience, you may submit your claim form in one of the three (3) following options:

- 1) Online: FAA/EyeMed out-of-network claims can be completed online. To access the out-of-network form or to check the status of a claim, log in to [Member Web](#) and navigate to the Claims tab. Remember to upload an itemized paid receipt with your name included.
- 2) Mail: First American Administrators, Inc., ("FAA"), a wholly-owned subsidiary of EyeMed Vision Care:

FAA/EyeMed Vision Care
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111
- 3) Email: You may also print a claim form and email it to us at oonclaims@eyemed.com or call the EyeMed's Customer Care Center at **1-888-485-5174**.

Summary of Vision Benefits – Base Plan

	Your In-Network Cost	Your Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$25 co-pay	Up to \$45
Retinal Imaging	Up to \$39	N/A
Exam Options – Contact Lenses		
Standard Fit and Follow-Up	Up to \$40	N/A
Premium Fit and Follow-Up	10% off retail price	N/A
Frames	\$0 copay, plus 20% off balance over \$130	Up to \$70
Standard Plastic Lenses		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$65
Lenticular	\$25 copay	Up to \$65
Standard Progressive	\$80 copay	Up to \$50
Premium Progressive	\$110-\$200	Up to \$50
Standard Lens Options		
UV coating	\$0	Up to \$5
Tint (solid and gradient)	\$0	Up to \$5
Standard scratch resistance	\$15	N/A
Standard polycarbonate – Adults	\$40	N/A
Standard polycarbonate – Kids Under 19	\$0	Up to \$5
Standard anti-reflective coating	\$45	Up to \$5
Premium anti-reflective coating	\$57-\$85	Up to \$5
Polarized	20% off retail price	N/A
Photocromatic / Transitions Plastic	Up to \$75	N/A
Other add-ons and services	20% off retail price	N/A
Contact Lenses**		
Conventional	\$0 copay, plus 15% off balance over \$130	Up to \$115
Disposable	\$0 copay, plus balance over \$130	Up to \$115
Medically necessary	\$0 (paid in full by Plan)	Up to \$300
LASIK or PRK from US Laser Network	15% off retail price or 5% off promotional price Whichever is less	N/A
Frequency - based on Plan Year		
Exam	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frames	Once every 12 months	Once every 12 months
Lasik	Once Per Lifetime	Once Per Lifetime

Diabetic	Once every 6 Months	Once every 6 Months
Diabetic Services (Available for Type 1 and 2 Diabetics)		
Medical Follow Up Exam	\$0 copay	Up to \$77
Retinal Imaging	\$0 copay	Up to \$50
Extended Ophthalmoscopy	\$0 copay	Up to \$15
Gonioscopy	\$0 copay	Up to \$15
Scanning Laser	\$0 copay	Up to \$33

Summary of Vision Care Services-Enhanced Plan

	Your In-Network Cost	Your Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$10 co-pay	Up to \$45
Retinal Imaging	Up to \$39	N/A
Exam Options – Contact Lenses		
Standard Fit and Follow-Up	Up to \$40	N/A
Premium Fit and Follow-Up	10% off retail price	N/A
Frames	\$0 copay, plus 20% off balance over \$225	Up to \$113
Standard Plastic Lenses		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$65
Lenticular	\$25 copay	Up to \$65
Standard Progressive	\$80 copay	Up to \$50
Premium Progressive	\$110-\$200	Up to \$50
Standard Lens Options		
UV coating	\$0	Up to \$5
Tint (solid and gradient)	\$0	Up to \$5
Standard scratch resistance	\$15	N/A
Standard polycarbonate – Adults	\$40	N/A
Standard polycarbonate – Kids Under 19	\$0	Up to \$5
Standard anti-reflective coating	\$45	Up to \$5
Premium anti-reflective coating	\$57-\$85	Up to \$5
Polarized	20% off retail price	N/A
Photocromatic / Transitions Plastic	Up to \$75	N/A
Other add-ons and services	20% off retail price	N/A
Contact Lenses**		
Conventional	\$0 copay, plus 15% off balance over \$225	Up to \$210
Disposable	\$0 copay, plus balance	Up to \$210

	over \$225	
Medically necessary	\$0 (paid in full by Plan)	Up to \$300
LASIK or PRK from US Laser Network	15% off retail price or 5% off promotional price Whichever is less	N/A
Frequency - based on Plan Year		
Exam	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frames	Once every 12 months	Once every 12 months
Lasik	Once Per Lifetime	Once Per Lifetime
Diabetic	Once every 6 Months	Once every 6 Months
Diabetic Services (Available for Type 1 and 2 Diabetics)		
Medical Follow Up Exam	\$0 copay	Up to \$77
Retinal Imaging	\$0 copay	Up to \$50
Extended Ophthalmoscopy	\$0 copay	Up to \$15
Gonioscopy	\$0 copay	Up to \$15
Scanning Laser	\$0 copay	Up to \$33

* You are responsible to pay the out-of-network provider in full at time of service and then submit an out-of-network claim for reimbursement. You will be reimbursed up to the amount shown on the chart.

**Complete pair (frame & lens with or without lens options) purchase required to receive 40% discount. 20% discount applied if complete pair not purchased.

Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

Additional Discounts

Under the Plan, you may receive benefits for eyeglasses (frame and lenses) or contact lenses as outlined on the Summary of Vision Benefits. In addition, EyeMed provides an in-network discount on products and services once your in-network benefits for the applicable benefit period have been used. The in-network discounts are as follows:

- 40% off additional complete pair of eyeglasses (including prescription sunglasses)
- 15% off conventional contact lenses
- 20% off items not covered by the Plan at network providers

These in-network discounts may not be combined with any other discounts or promotional offers. Discounts do not apply to EyeMed Provider's professional services, disposable contact lenses or certain brand name vision materials in which the manufacturer imposes a no-discount practice or policy.

Discounts on services may not be available at all participating providers. Prior to your appointment, please confirm with your provider whether discounts are offered.

Medically Necessary Contact Lenses

The Plan provides coverage for medically necessary contact lenses when one of the following conditions exists:

- **Anisometropia** of 3D in meridian powers
- **High Ametropia** exceeding -10D or +10D in meridian powers
- **Keratoconus** mild/moderate - when keratoconus is present and the member's vision is not correctable to 20/ 25 in either or both eyes using standard spectacle lenses
- **Keratoconus** advanced/ectasia – when keratoconus is present and one or more specified conditions are met
- **Vision Improvement** for members whose vision can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses

The benefit may not be expanded for other eye conditions even if you or your providers deem contact lenses necessary for other eye conditions or visual improvement.

Diabetic Eye Care Benefit

Members who have Type 1 or Type 2 diabetes are eligible to receive supplemental coverage for additional services from their vision Provider. With this benefit, you can obtain a vision evaluation every six months to monitor for signs of diabetic complications. Subject to provider determination and benefit frequency limitations, you may also receive one or more of the following diagnostic testing: Fundus Photograph Examination, Extended Ophthalmoscopy, Gonioscopy and Scanning Laser. If questions, please contact EyeMed's Customer Care Center.

The availability of diagnostic equipment and services varies by location. Members are encouraged to call their provider to confirm available services.

Retinal Imaging

Retinal imaging has been provided as a discount to your vision care benefit. Retinal imaging is a diagnostic tool that provides high-resolution, permanent digital records of your inner eye. Please consult with your Provider to determine if you are a candidate for retinal imaging.

Savings on Laser Vision Correction

EyeMed Vision Care, in connection with the U.S. Laser Network, owned and operated by LCA Vision, offers savings to you for LASIK and PRK. You are entitled to the following discounts:

\$800 off LASIK at Featured Provider Lasik**Plus** - or - at any other in-network provider you can receive 15% off standard price or 5% off any promotional price.

For additional information or to locate a network provider, visit www.eyemedlasik.com or call **1-800-988-4221**. Once you choose your provider, make sure to identify yourself as an EyeMed member to receive your discount and get further member instructions.

Hearing Discount Benefit with Amplifon Hearing Health Care

At EyeMed, we're all eyes and ears about your health and wellness. That's why we teamed up with Amplifon – the world's largest distributor of hearing aids and services to add affordable hearing care to your EyeMed vision benefits package.

Members receive a discount on hearing aids with a low-price guarantee. For additional information call **1-877-203-0675**

Benefit limitations and exclusions

Your vision care plan contains several limitations and exclusions. Please see your Certificate of Insurance for a complete list.

Claims and Claims Appeals

You may authorize someone else to file and pursue a claim for benefits or an appeal on your behalf. If you do so, you must notify EyeMed Vision Care in writing of your choice of an authorized representative. Your notice must include the representative's name, address, phone number, and a statement indicating the extent to which he or she is authorized to act on your behalf. A consent form that you may use for this purpose will be provided to you upon request.

Time Frames for Processing Claims

FAA will decide claims within the time permitted by applicable state law, but generally no longer than 30 days after receipt. If FAA needs additional time to decide a claim, it will send you a written notice of the extension, which will not exceed 15 days. If FAA needs additional information from you in order to decide the claim, FAA will send you a written notice explaining the information needed. You will have 45 days to provide the information to FAA. If your claim is denied, in whole or in part, FAA will inform you of the denial in writing.

Time Frames and Procedures for Appealing Claims

If your claim is denied, in whole or in part, you may file an appeal. The appeal must be in writing and received by FAA within 180 days of your notice of the denial. If you do not receive an EOB within 30 days of submission of your claim, you may submit an appeal within 180 days after this 30-day period has expired. Your written letter of appeal should include the following:

- The applicable claim number or a copy of the written denial or a copy of the EOB, if applicable.
- The item of your vision coverage that the member feels was misinterpreted or inaccurately applied.
- Additional information from the member's eye care provider that will assist FAA in completing its review of the member's first-level appeal, such as documents, records, questions or comments.

The appeal should be mailed or faxed to the following address:

FAA/EyeMed Vision Care
Attn: Quality Assurance Dept.
4000 Luxottica Place
Mason, OH 45040
Fax: 1-513-492-3259

FAA/EyeMed will review your appeal and notify you in writing of its decision.

Complaint Procedure

If you are dissatisfied with an EyeMed Provider's quality of care, services, materials or facility or with EyeMed's Plan administration, you should first call EyeMed Customer Care Center at **1-888-485-5174** to request a resolution. The EyeMed Customer Care Center will make every effort to resolve your matter informally.

If you are not satisfied with the resolution from the Customer Care Center service representative, you may file a formal complaint with EyeMed's Quality Assurance Department at the address noted above. You may also include written comments or supporting documentation.

The EyeMed Quality Assurance Department will resolve your complaint within thirty (30) days after receipt, unless special circumstances require an extension of time. In that case, resolution shall be achieved as soon as possible, but no later than one hundred twenty (120) days after EyeMed's receipt of your complaint. Upon final resolution, EyeMed will notify you in writing of its decision.