



Vision

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Cottingham & Butler

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are for in-network providers only

Take a sneak peek before enrolling

- You're on the SELECT Network
- For a complete list of **in-network** providers near you, use our **Enhanced** Provider Locator on www.eyemed.com or call **1-866-299-1358**.
- For Lasik providers, call 1-877-5LASER6.

SUMMARY OF BENEFITS

| Vision Care Services | In-Network Member Cost | Out-of-Network Reimbursement |
|--|--|------------------------------|
| Exam With Dilation as Necessary | \$10 Co-pay | Up to \$30 |
| Frames | \$0 Co-pay; \$100 allowance; 80% of charge over \$100 | Up to \$50 |
| Standard Plastic Lenses | | |
| Single Vision | \$10 Co-pay | Up to \$25 |
| Bifocal | \$10 Co-pay | Up to \$40 |
| Trifocal | \$10 Co-pay | Up to \$60 |
| Standard Progressive Lens | \$75 | Up to \$40 |
| Premium Progressive Lens | \$75, 80% of charge less \$120 allowance | Up to \$40 |
| Lenticular | \$10 Co-pay | Up to \$60 |
| Lens Options (paid by the member and added to the base price of the lens) | | |
| UV Treatment | \$15 | N/A |
| Tint (Solid and Gradient) | \$15 | N/A |
| Standard Plastic Scratch Coating | \$15 | N/A |
| Standard Polycarbonate | \$40 | N/A |
| Standard Polycarbonate - Kids under 19 | \$40 | N/A |
| Standard Anti-Reflective Coating | \$45 | N/A |
| Polarized | 20% off retail price | N/A |
| Other Add-Ons and Services | 20% off retail price | N/A |
| 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 Contact Lens Fit & Follow-Up | Up to \$40 | N/A |
| Premium Contact Lens Fit & Follow-Up | 10% off retail | N/A |
| Contact Lenses | | |
| Conventional | \$0 Co-pay; \$110 allowance; 15% off retail price over \$110 | Up to \$88 |
| Disposable | \$0 Co-pay; \$110 allowance; plus balance over \$110 | Up to \$88 |
| Medically Necessary | \$0 Co-pay, Paid-in-Full | Up to \$200 |
| Laser Vision Correction | | |
| Lasik or PRK from U.S. Laser Network | 15% off the retail price or 5% off the promotional price | N/A |
| Frequency | | |
| Examination | Once every 12 months | |
| Lenses or Contact Lenses | Once every 12 months | |
| Frame | Once every 24 months | |

Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.



| Benefits Snapshot | With EyeMed | Out-of-Network Reimbursement |
|---|---|------------------------------|
| Exam with dilation as necessary (Once every 12 months) | \$10 Co-pay | Up to \$30 |
| Frames (Once every 24 months) | \$0 Co-pay; \$100 allowance; 80% of charge over \$100 | Up to \$50 |
| Single Vision Lenses (Once every 12 months) | \$10 Co-pay | Up to \$25 |
| Or | | |
| Contacts (Once every 12 months) | \$0 Co-pay; \$110 allowance; plus balance over \$110 | Up to \$88 |

And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference...

75% SAVINGS with us*

| With EyeMed | Without Insurance** |
|---|---|
| Exam \$10 Co-pay | Exam \$106 |
| Frame \$163 <u>-\$100 allowance</u> \$63 <u>-\$12.60 (20% discount off balance)</u> \$50.40 | Frame \$163 |
| Lens \$10 Co-pay \$15 UV treatment add-on <u>+\$15 Scratch coating add-on</u> \$40 | Lens \$78 \$23 UV treatment add-on <u>+\$25 Scratch coating add-on</u> \$126 |
| Total \$100.40 | Total \$395 |



Download the EyeMed Members App

It's the easy way to view your ID card, see benefit details and find a provider near you.



*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections. **Based on industry averages.

Cottingham & Butler

800 Main Street | Dubuque, IA 52001
1.800.793.5235 | www.CottinghamButler.com

EyeMed PPO Network

Cottingham & Butler's Vision Plan Provider, EyeMed, offers many features to promote overall health and wellness, as well as maintain eyesight. You can use your benefits at local private practice providers or retail-affiliated providers.

- Go to [EyeMed](#)
- Select "Find a Provider"
- Enter your Zip Code
- Choose the "Select" Network
- Select "Get Results"

You can also utilize your benefits at Glasses.com and ContactsDirect.com as in-network providers.

If you choose to visit a Provider that is out-of-network, you will pay the full-cost up-front, and manually request for reimbursement using the [Out-of-Network Claim Form](#).

To view EyeMed's Vision Insurance Benefits view the [Summary of Benefits](#).



Out of Network Vision Services Claim Form

Claim Form Instructions

Most EyeMed Vision Care plans allow members the choice to visit an in-network or out-of-network vision care provider. You only need to complete this form if you are visiting a provider that is not a participating provider in the EyeMed network. Not all plans have out-of-network benefits, so please consult your member benefits information to ensure coverage of services and/or materials from non-participating providers.

If you choose an out-of-network provider, please complete the following steps prior to submitting the claim form to EyeMed. Any missing or incomplete information may result in delay of payment or the form being returned. Please complete and send this form to EyeMed within one (1) year from the original date of service at the out-of-network provider's office.

1. When visiting an out-of-network provider, you are responsible for payment of services and/or materials at the time of service. EyeMed will reimburse you for authorized services according to your plan design.
2. Please complete all sections of this form to ensure proper benefit allocation. Plan information may be found on your benefit ID Card or via your human resources department.
3. EyeMed will only accept **itemized paid receipts** that indicate the services provided and the amount charged for each service. The services must be paid in full in order to receive benefits. Handwritten receipts must be on the provider's letterhead. Attach itemized paid receipts from your provider to the claim form. If the paid receipt is not in US dollars, please identify the currency in which the receipt was paid.
4. Sign the claim form below.

Return the completed form and your itemized paid receipts to:



**EyeMed Vision Care
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111**

Please allow at least 14 calendar days to process your claims once received by EyeMed. Your claim will be processed in the order it is received. A check and/or explanation of benefits will be mailed within seven (7) calendar days of the date your claim is processed.

Inquiries regarding your submitted claim should be made to the Customer Service number printed on the back of your benefit identification card.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.



Out of Network Vision Services Claim Form

FRAUD WARNING STATEMENTS

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement or claim containing a false, incomplete or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Kansas: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nebraska: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a material false or deceptive statement is guilty of insurance fraud.

New Hampshire: Any person, who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in § 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

North Carolina: Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.

Ohio: Any person who, with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Vermont: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.



Out of Network Vision Services Claim Form

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



Using your
in-network
benefits has
never been
easier

eye
Med



New online, in-network options

To satisfy the evolving needs of our members, we're adding leading online in-network options to our roster of thousands of independent providers and top optical retailers.

ContactsDirect and Glasses.com are the next step in ensuring that you, as an EyeMed member, get fast, easy and convenient access to your benefits.

ContactsDirect

- Order contact lenses and have them shipped straight to your door
- Use your vision benefits online to make shopping more convenient
- Your contact lenses will ship for free, once the prescription is verified

Visit contactsdirect.com/welcome to learn more

Glasses.com

- Access the award-winning 3D virtual try-on app
- Choose from a large selection of frames and lenses, including some of the world's leading brands
- Members can apply in-network vision benefits to their transaction

To purchase contacts or lenses, you'll need a valid prescription from within the last 12 months. Use our enhanced provider locator at eyemed.com to find an in-network provider for your next eye exam.

How convenient is that?



The biggest network and the most choice. Because more is more.

B-1509-M-650 091415

GLASSES.COM IS AN EASY WAY TO GET YOUR GLASSES ONLINE

GLASSES.COM™

1 FIND YOUR FRAMES

This may be the toughest part. Glasses.com features thousands of name-brand frames, so you'll have plenty of options to try on with the award-winning 3D virtual "try-on" technology.¹ You can shop for frames by collection or by brands.

FIND FRAMES

Try on as many styles as you like. They'll be rendered instantly in 3D.

SEE HOW YOU LOOK FROM ANY ANGLE

Strike a pose and see how you look from side to side.

NEED A SECOND OPINION?

Share your favorite choices on social media and get the opinions of family and friends.

2 SELECT YOUR LENSES

Glasses.com can make lenses for almost any prescription, including progressives and multifocals.

3 PROVIDE YOUR PRESCRIPTION

We make it a snap ... literally. Just snap a pic of your prescription with your smartphone, then text, email or upload a copy to Glasses.com. If you don't have your prescription, just provide your doctor's name and number and we'll get it for you.

4 CHECK OUT

Once you fill in all the essentials - name, address, credit card info (if you select a frame and options above your allowance and copays) - your EyeMed vision benefits will automatically be applied to your purchases.²

5 START ENJOYING YOUR NEW LOOK

We hope you love your new frames. If you need a frame adjustment, just visit any LensCrafters location and they'll take care of it for free.

FOR MORE INFORMATION, VISIT [GLASSES.COM](https://www.glasses.com) OR CALL 1-800-GLASSES (800-452-7737)

¹2014 Cannes Lions Festival, Bronze Award for "Creative Use of Technology"

²Ordering glasses and adjudication of benefits cannot be done using the app.



So you can hear all the sweet sounds of life

1 in 9 Americans has hearing loss.² But did you know there's also a connection between hearing and vision loss?¹ In fact, mature adults and diabetics are more likely to experience both.³

life's sights – and sounds – to the fullest. That's why EyeMed members have access to affordable hearing care discounts through Amplifon, the world's largest distributor of hearing aids and services.

EyeMed's top priority is your total health and wellness. We want you to enjoy all



Hearing and vision loss can go hand in hand.¹



95% of hearing loss can be treated with hearing aids.²



Call 1-844-526-5432 to find a hearing care provider near you and schedule a hearing exam today.

Your hearing discount through Amplifon includes:

40% OFF

40% off hearing exams at thousands of convenient locations nationwide



Discounted, set pricing on thousands of hearing aids, including those with the newest, most advanced technology



Low price guarantee – if you find the same product at a lower price elsewhere, Amplifon will beat it by 5%



60-day hearing aid trial period with no restocking fees



Free batteries for 2 years with initial purchase



3-year warranty plus loss and damage coverage



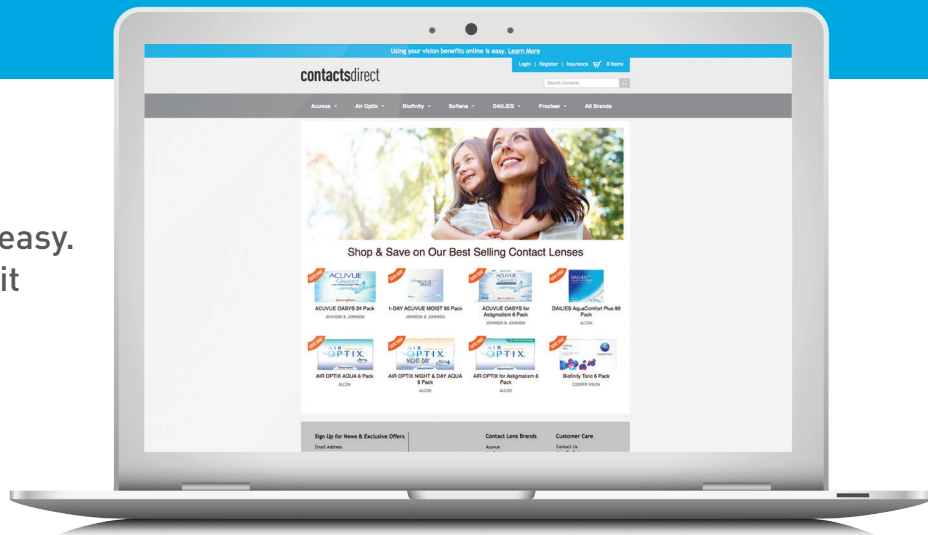
HEARING HEALTH CARE

¹ Association Between Vision and Hearing Impairments and Their Combined Effects on Quality of Life, October 1, 2006, Vol 124, No. 10, <http://archophth.jamanetwork.com/article.aspx?articleid=418658>
² AmplifonUSA.com/hearing-loss-information
³ Health Day, U.S. News: <http://health.usnews.com/health-news/news/articles/2012/11/16/hearing-loss-tied-to-diabetes-in-study>

It's simple to order from **ContactsDirect**

contactsdirect

Ordering contacts online is quick and easy. Just follow these simple steps. Or, visit ContactsDirect.com/vision-insurance for a video tutorial.



1 Getting Started

Make sure that you have your current prescription and the name and contact information of your eye doctor.

2 Register

Go to ContactsDirect.com and start by clicking "Register" at the top of the page to create an account. After you've entered your information, be sure to check the "Register with my Insurance" box to apply your EyeMed vision benefits to your account.

3 Choose Contacts

Input your prescription information and choose your prescribed contacts from our large selection of leading brands.

4 Check Out

Fill in your shipping and billing information and select your payment method.



We'll contact your doctor, verify your prescription and ship your contacts to you for free in 5-7 business days.

For more information, visit ContactsDirect.com or call 1-844-5-LENSES