



# PremierVision

Insurance underwritten by:  
Freedom Life Insurance Company of America



# Why Choose PremierVision

As a member of the Association, You have the right to apply for coverage under Freedom Life's Association Group Vision Insurance Plan issued to the Association. PremierVision uses the extensive Spectera Eyecare Network with more than 100,000 access points for care. Choose from independent or retail Providers to find the Provider that best fits Your needs and schedule. The PremierVision Plan is designed to be easy to use, while helping You save money.

Benefits	In-Network Benefits	Out-of-Network Benefits
<b>Comprehensive Eye Exam<sup>1</sup></b>	\$0 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$35
<b>Frames<sup>2</sup></b>	\$10 Copay per Insured; 100% Coinsurance Up to an Allowance of \$120	100% Up to an Allowance of \$60
<b>Corrective Standard Lenses<sup>2</sup></b>		
Single Vision Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$35
Lined Bifocal Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$55
Lined Trifocal Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$90
Standard Progressive Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$90
Premium Progressive Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$90
<b>Corrective Contact Lenses<sup>3</sup></b>		
Conventional	\$10 Copay per Insured; 100% Coinsurance Up to an Allowance of \$120	100% Up to an Allowance of \$100
Disposable	\$10 Copay per Insured; 100% Coinsurance Up to an Allowance of \$120	100% Up to an Allowance of \$100

<sup>1</sup>Limited to one (1) Comprehensive Eye Examination every twelve (12) months from the last date of service, per Insured.

<sup>2</sup>In lieu of Corrective Contact Lenses, limited to one (1) purchase every twelve (12) months from the last date of service, per Insured. In no event will Benefits be payable for both glasses and corrective contact lenses.

<sup>3</sup>In lieu of Corrective Standard Lenses and Frames, limited to one (1) purchase every twelve (12) months from the last date of service, per Insured. In no event will Benefits be payable for both glasses and corrective contact lenses.

## How Much You Can Save!

The following is an example of what You might pay for a pair of glasses for Yourself or Your child with PremierVision vs. what You would pay without PremierVision. Let's say You or Your child get an eye exam and choose a frame with single vision lenses. Now let's see the difference . . .

Example 1 - Adult's Glasses	PremierVision	No Coverage	Example 2 - Child's Glasses	PremierVision	No Coverage
Comprehensive eye exam	\$0.00	\$100.00	Comprehensive eye exam	\$0.00	\$100.00
Standard progressive lenses	\$0.00	\$230.00	Single vision plastic lenses	\$0.00	\$70.00
Lens copay	\$10.00		Lens copay	\$10.00	
Standard scratch guard coating*	\$0.00	\$28.00	Child Polycarbonate lenses	\$0.00	\$125.00
Frame	\$163.00	\$163.00	Standard scratch guard coating*	\$0.00	\$28.00
			Frame	\$159.00	\$159.00
- \$120 allowance	(\$120.00)		- \$120 allowance	(\$120.00)	
- 30% discount off \$43 balance*	(\$12.90)		- 30% discount off \$39 balance*	(\$11.70)	
Frame copay	\$10.00		Frame copay	\$10.00	
<b>YOU PAY →</b>	<b>\$50.10</b>	<b>\$521.00</b>	<b>YOU PAY →</b>	<b>\$47.30</b>	<b>\$482.00</b>

**90% Savings On Glasses!!\*\***

**And Enjoy Up to a 72% Savings on Contact Lenses!\***

\*Non-insurance benefit provided through the Spectera Eyecare Network.

\*\*Savings based on example above and using a Provider in the Spectera Eyecare Network.

## Non-Insurance Benefits and Discounts Provided by the Spectera Eyecare Network to Those Covered Under PremierVision

### Exam Options

Standard Contact Lens Fit & Follow-Up	Up to \$60
Premium Contact Lens Fit & Follow-Up	Up to \$60

### Lens Options

UV Treatment	Member pays \$15
Tint (Solid and Gradient)	Member pays \$14
Standard Plastic Scratch Coating	Member pays \$0
Standard Polycarbonate - Adults	Member pays \$33
Standard Polycarbonate - Kids under 19	Member pays \$0
Standard Anti-Reflective Coating	Member pays \$40
Polarized	Member receives 20% off Retail price
Photocromatic/Transitions Plastic	Member pays \$67
Premium Anti-Reflective	
Tier 1	Member pays \$57
Tier 2	Member pays \$68
Tier 3	Member pays 80% of charge
Other Add-Ons	20% off Retail Price

- Save up to 35% off the national average price of laser vision correction at more than 1,000 QualSight® LASIK locations nationwide.
- Visit [www.myvisionlenses.com](http://www.myvisionlenses.com) for all of your contact lens needs. Take 10% off every order just for being a Spectera Eyecare Network member.
- Any unused portion of the Benefit Allowance at the initial time of service will not carry forward to other services.
- Member benefits and discounts will not apply to certain brand name Vision Materials on which the manufacturer imposes a no discount practice.

## Limitations at a Glance - Insurance Benefits

Coverage under the PremierVision Plan is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the PremierVision Plan, as well as the following limitations:

- in no event will coverage exceed the lesser of: (i) the actual cost of Covered Vision Expenses or materials, (ii) the negotiated fee for services rendered by a Participating Provider, or (iii) the Allowance as shown on the PremierVision Plan Schedule when services are rendered by a Participating Provider or a Non-Participating Provider;
- if the Participating Provider's or Non-Participating Provider's charge is less than the Allowance specified on the PremierVision Plan Schedule, We will only pay up to the Participating Provider's or Non-Participating Provider's charge; and
- materials covered by the PremierVision Plan that are lost or stolen will only be replaced at the intervals stated on the PremierVision Plan Schedule.

## Non-Covered Items at a Glance - Insurance Benefits

Coverage under the PremierVision Plan is limited as provided by the definitions, terms, conditions, limitations, and exclusions contained in each and every section of the PremierVision Plan. In addition, the PremierVision Plan does not provide coverage for professional and vision services Provided to an Insured or any payment obligation for Us under the PremierVision Plan for any of the following, all of which are excluded from coverage:

- orthoptic or vision training and any associated supplemental testing;
- plano lenses;
- lens coating;
- two pair of glasses, in lieu of bifocals or trifocals;
- medical or surgical treatment of the eyes;
- any type of corrective vision surgery, including LASIK surgery;
- any eye examination, or any corrective eyewear, required by an employer as a condition of employment;
- any services or supplies when paid under any Worker's Compensation or similar law;
- Tier 4 Premium Progressive Lenses;
- photochromic transition or polycarbonate lenses;
- lenticular lenses;
- sub-normal vision aids or non-prescription lenses;
- service rendered or supplies purchased outside the U.S. or Canada, unless the Insured resides in the U.S. or Canada and the charges are incurred while on a business or pleasure trip;
- eyeglasses when the change in prescription is less than .5 Diopter;
- experimental or investigational or non-conventional treatment or device;
- eyeglass lens treatments, including "add-ons", UV coating, anti-reflective coating, scratch resistant coating, tinting or edge polishing;
- oversized lenses;
- lost or broken lenses, frames, glasses, or contact lenses will not be replaced until twelve (12) months after the last date of service;
- medically necessary contact lenses;
- high index lenses of any material type;
- fitting for corrective contact lenses;
- follow-up visits;
- charges incurred after the PremierVision Plan has terminated or coverage has ended;
- any expenses for treatments, care, procedures, services or supplies which are not Covered Vision Expenses incurred by an Insured and which are not specifically enumerated in the VISION EXPENSE BENEFITS AND CLAIM PROCEDURES section of the PremierVision Plan;
- treatments, care, procedures or supplies received before the PremierVision Plan Issue Date;
- any professional services for which the Insured and/or any covered family member are not legally liable for payment;
- any professional services for which the Insured and/or any covered family member were once legally liable for payment, but from which liability the Insured and/or family member were released;
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- charges that are payable or reimbursable by either: a) a plan or program of any governmental agency (except Medicaid); or b) Medicare Part A, Part B and/or Part D (If the applicable Insured does not enroll in Medicare, We will estimate the charges that would have been paid if such enrollment had occurred);
- cosmetic items;
- broken appointment fees;
- refitting or change in lens design after the initial fitting; and
- expenses which exceed 100% of those actually incurred by the Insured.



The PremierVision Insurance Plan pays in addition to any coverage You have in force.

## Renewability and Termination

Coverage under the PremierVision Plan is guaranteed renewable to age 65 or in the event an Insured otherwise becomes a Medicare enrollee.

Coverage under the PremierVision Plan will end on the earlier of the following: the premium due date in the month following the date the Association Group Vision Insurance Policy is terminated by the Group Policyholder; the date the Primary Insured terminates membership or ceases to be a member in the association which is the Group Policyholder; with respect to Your Spouse who is covered under the PremierVision Plan, the premium due date in the month following the effective date of Your divorce decree or annulment; with respect to Your child(ren) who are covered under the PremierVision Plan, the premium due date in the month following such Insured's twenty-fifth (25th) birthday; the date an Insured becomes eligible for Medicare; the due date of any unpaid Monthly Renewal Premium, subject to the grace period; the date You terminate coverage by notifying Us of the date You desire coverage to terminate for the applicable Insured whose coverage You want to terminate; the applicable date We are required by the order of an appropriate regulatory authority to non-renew or cancel the PremierVision Plan; the date We elect to discontinue offering this type of vision insurance coverage in Your state and to terminate all such policies in Your state; and the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for the PremierVision Plan or in filing a claim for Benefits under the PremierVision Plan.

## ACA Individual Mandate & Shared Responsibility Payment

The PremierVision Plan provides benefits for covered vision services only. The PremierVision Plan is considered an "excepted benefit plan" under the ACA and is not a "minimum essential coverage" plan under the ACA. The ACA generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 – 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter.

The information shown here and in any accompanying literature is a brief description only and does not contain the full specifications, limits, and exclusions applicable to the coverage. Important limitations, reductions, and exclusions will apply. The Certificate sets forth, in detail, the rights and obligations of both You and the insurance company, and only the Certificate defines and controls the rights and obligations of the parties. It is, therefore important that You READ THE CERTIFICATE CAREFULLY!

**Insurance coverage underwritten by:**  
**Freedom Life Insurance Company of America**  
**A member company of USHEALTH Group®**  
**P.O. Box 1719 | Fort Worth, TX 76101 | 1-800-387-9027**



Group Policy: GRP-P-13-FLIC