



EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company.

**A Vision Plan for Graduate Assistants and Fellows of the
University of Illinois at Urbana-Champaign
2021-2022**

The summary below provides you with a brief description of the most important features of your EyeMed vision plan.

The University of Illinois at Urbana-Champaign provides a vision plan at no charge for graduate assistants and fellows whose appointments generate tuition waivers. Students with waiver-generating appointments are identified as eligible for vision insurance after their appointments have been completely processed by the appointing unit, Academic Human Resources, and (where necessary) the Graduate College. Once an eligible student’s appointment has been entered into the payroll system, that student will be eligible for vision coverage beginning the first day of the coverage period that corresponds with the appointment period - September 1, February 1, or June 1. Coverage will continue through August 31, 2022. Graduate assistants/fellows with fall or spring waiver-generating appointments may elect to purchase coverage for their spouses and/or domestic partners and/or dependent children by completing the enrollment process and paying the premium. A Graduate Assistant’s dependents may not be enrolled for summer only.

<u>PLAN PROVISIONS</u>	<u>IN-NETWORK MEMBER COSTS</u>
Exam with Dilation as necessary	\$0 co-payment Once every 12 months – September 1 through August 31
Frames*	35% off retail price
Standard Plastic Lenses*	\$50 – single vision \$70 – bifocal \$105 – trifocal \$135 – standard progressive
Lens Options*	See Plan brochure and ID card for additional information
Contact Lenses	
- Conventional	- 15% off retail price
- Disposable	- 0% off retail price

- *Frames, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- The plan design is offered with the EyeMed Select panel of providers including thousands of private practitioners and optical retailers such as LensCrafters®, Target Optical®, Sears Optical®, JC Penney and most Pearle Vision® locations. There are online in-network options also available at Glasses.com, LensCrafters.com, Ray-Ban.com, TargetOptical.com and ContactsDirect.com
- Out of Network eye exam reimbursement is up to \$35.00 annually, once per plan year - September 1 through August 31. Out of Network reimbursements are not available for materials.

If enrolling for the first time, a subscriber card and information will be sent to the individual’s address in the University system.

Voluntary Plan Information

Graduate Assistant/Fellow:	No Charge
Spouse/Domestic Partner of Assistant/Fellow:	\$23.52
Any dependent child:	\$23.52

For example, a graduate assistant adding a spouse and a single child dependent would remit \$23.52 x 2 or \$47.04. (The GA’s individual coverage will be paid by the University.)

The open enrollment periods for adding dependents are: September 1 – September 30, 2021 for fall, and February 1 – February 28, 2022 for spring. Graduate assistants with only summer assistantships will not be able to enroll their dependents for the summer term.

Graduate Assistants may enroll their dependents by completing an enrollment application and sending it to:

Fidelity Security Life Insurance Company
3130 Broadway
Kansas City, MO 64111

If you are a graduate assistant who has an appointment that generates a tuition waiver, you are considered the “subscriber” for eligibility purposes. When enrolling and when making an appointment, use your University Identification Number (UIN).

Dependents that have been enrolled by the graduate student should use the graduate assistant/fellow’s UIN when making an appointment. Do not use your Social Security Number (SSN).

To access a list of the nearest vision providers, go to www.eyemed.com. In the “Select network” drop-down box, choose “Select” and enter your zip code. To speak with an EyeMed customer service representative, call (866) 723-0514.

LIMITATIONS & EXCLUSIONS

Fees charged by a Provider for services other than a vision examination must be paid in full by the covered person to the Provider. Such fees are not covered under this Policy. Benefit allowances provide no remaining balance for future use within the same benefit period.

No benefits will be paid for services or materials connected with or charges 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 vision materials; 4) any corrective eyewear, required by an Employer as a condition of employment and safety eyewear, unless specifically covered under the Policy; 5) 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; 6) Plano (non-prescription) lenses; 7) non-prescription sunglasses; 8) two pair of glasses in lieu of bifocals; 9) services or materials provided by any other group benefit plans providing vision care; or 10) certain frame brands in which the manufacturer imposes a no discount policy.

Underwritten by Fidelity Security Life Insurance Company, Kansas City, MO. Policy No. VC-19 / Form No. M-9059