SCHOOL EMPLOYEES BENEFITS BOARD (SEBB)
PROGRAM - CHILDREN UNDER AGE 19

HCA | Health Care Authority
School Employees Benefits Board

Summary of Benefits

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
EXAM SERVICES *Once every calendar year, benefits reset on January 1*	-	-
Exam	$0 copay	Up to $90
Retinal Imaging	Up to $39	Not covered
FRAME *Once per calendar year, benefits reset on January 1*	-	-
Frame	$0 copay; 20% off balance over $200 allowance	Up to $100
STANDARD PLASTIC LENSES *Once per calendar year, benefits reset on January 1*	-	-
Single Vision	$0 copay	Up to $25
Bifocal	$0 copay	Up to $35
Trifocal	$0 copay	Up to $53
Lenticular	$0 copay	Up to $53
Progressive – Standard	$0 copay	Up to $40
Progressive – Premium Tier 1–4	$85–175 copay	Up to $40
LENS OPTIONS *Once per calendar year, benefits reset on January 1*	-	-
Anti-Reflective Coating – Standard	Up to $45	Up to $5
Anti-Reflective Coating – Premium Tier 1–3	Up to $57–85	Up to $5
Photochromic – Non-Glass	Up to $75	Not covered
Polycarbonate – Standard < 19 years of age	$0 copay	Up to $20
High Index	$0 copay	Up to $60
Scratch Coating – Standard Plastic	$0 copay	Up to $8
Tint – Solid and Gradient	Up to $15	Not covered
UV Treatment	Up to $15	Not covered
All Other Lens Options	20% off retail price	Not covered

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CONTACT LENS FIT AND FOLLOW-UP *Once every calendar year, benefits reset on January 1*	-	-
Fit and Follow-up – Standard	$0 copay, contact lens fit and two follow-up visits	Up to $65
Fit and Follow-up – Premium	$0 copay; 10% off retail price, then apply $65 allowance	Up to $65
CONTACT LENSES *Once per calendar year in lieu of lenses, benefits reset on January 1*	-	-
Contacts – Extend Wear Disposables	Annual supply up to $300	50% of Charge Up to $300
Contacts – Daily Wear Disposables	Annual supply up to $300	50% of Charge Up to $300
Contacts – Conventional	Annual supply up to $300	50% of Charge Up to $300
Contacts – Medically Necessary	Annual supply up to $300	50% of Charge Up to $300
OTHER	-	-
Hearing Care from Amplifon network	Discounts on hearing exam and aids; call 1.877.203.0675	Not covered
LASIK or Photorefractive Keratectomy (PRK) from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered



40% OFF

additional complete pair of prescription eyeglasses*



20% OFF

non-covered items including non-prescription sunglasses*

Find an in-network provider

- CALL 800.699.0993
- VISIT member.eyemedvisioncare.com/hcasebb
- DOWNLOAD the EyeMed Members App
- FOR LASIK call 1.800.988.4221

To learn more about all the benefits available to you under the vision plan, create an account at **member.eyemedvisioncare.com/hacsebb**

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; refraction, when not provided as part of a comprehensive eye examination; 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; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any vision examination or any corrective vision materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; 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; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next benefit frequency when vision materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or federal taxes must be paid in full by the Insured Person to the provider. Such fees, taxes or materials are not covered under the policy. Allowances provide no remaining balance for future use within the same benefit frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.



Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

Keep your eyes open for extra discounts*

Find additional value with discounts and special offers to use on top of your vision benefits.

Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

*Discounts are not insurance.
Available at participating providers.



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Everything is right there in one spot. Check claims and benefits, see special offers*, estimate costs and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed App (Google Play or App Store).

This information is available broadly and is not plan or state specific.
*Special offers are not valid in the state of Texas.

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION EST. 1961 TARGET OPTICAL

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