

Revised 6/2009

# EYEMED VISION CARE

## Client Administration Guide

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# Section 1 – Getting Started

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## Welcome to EyeMed Vision Care!

Thank you for choosing EyeMed Vision Care to deliver vision wellness to your members. For more than 20 years EyeMed has offered vision benefits and discounts. Today, more than 140 million members and 5,200 clients turn to EyeMed for their vision care.

EyeMed's vision is to increase quality of life through better vision. Our mission is to serve and inspire with excellence. That commitment to service starts with our relationship with you. Our streamlined processes make your vision plan hassle-free. From personalized service to automated options, we want to make it easy for you to administer the EyeMed plan to your employees and dependants.

This guide provides everything you need to get started – and keep moving – with EyeMed. We look forward to serving you now and well into the future.

## Contacting EyeMed

### Account Management

CSS TEAM  
877-231-7329  
css@eyemedvisioncare.com  
4000 Luxottica Place  
Mason, OH 45040  
8 a.m. to 5 p.m. ET Monday – Friday

### Customer Care Center

866-723-0513  
8 a.m. to 11 p.m. ET Monday – Saturday  
11 a.m. to 8 p.m. ET Sunday  
Closed Easter, Thanksgiving and Christmas  
Interactive Voice Response available 3 a.m. to 1 a.m.

### Invoices

Please refer to your monthly billing statement for the correct address to send your invoices.

**NOTE: EyeMed does not have an overnight mailbox option. In the event of an emergency that would make your payment late, please contact your Client Support Specialist.**

### Web Site/Email

[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

Email available through “Contact Us” on Web 24/7 except scheduled maintenance

### Out-of-Network Claims

EyeMed Vision Care/First American Administrators, Inc.  
Attention: Out-of-Network Claims  
P.O. Box 8504  
Mason, OH 45040-7111

## Updating Your Contact Information

Please keep EyeMed apprised of any changes in your contact information by completing the Contact Change form. Contact your Client Support Specialist should your company experience any business changes such as a new name, mergers, acquisitions or spin-offs.

If your Broker of Record changes, please notify your Client Support Specialist in writing and include the new broker's Federal Tax ID number and contact information.

## **Member Privacy**

Your subscribers will receive a Notice of Privacy Practices with their welcome package. They can also download patient rights by going to [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and selecting the Privacy and Legal link from the bottom left hand side of the page.

Please note that because of HIPAA guidelines, we are limited in the information we can share about subscriber and dependent claims. EyeMed cannot divulge any claim or service details or eligibility status with client representatives. If you have a question about service received by one of your members, we will be happy to confirm the following information:

- Member name, address, phone number, Social Security Number (if applicable), and enrolled dependents as submitted on the membership file
- That the benefit was applied correctly at the provider location
- If an out-of-network reimbursement check has been cut

## Section 2 – Your Vision Plan

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### Benefit Summary

Please find your customized benefit summary on the "Vision" page on [www.vlct.org](http://www.vlct.org) website. Your group plan number is unique for each municipality.

### Key Definitions

**Standard Contact Lens Fit and Follow-Up** - Routine applications of soft, spherical (astigmatism less than .75D), daily wear contact lenses for single vision prescriptions. Does not include extended/overnight wear.

**Premium Contact Lens Fit and Follow-Up** - More complex applications, including, but not limited to toric (astigmatism .75D or higher), bifocal/multifocal, cosmetic color, post-surgical and gas permeable. Does include extended/overnight wear for any prescription.

**Progressive** - Multifocal lenses with no lines.

**Standard Progressive** - Multifocal lens design that produces a gradual change in focus without lines or junctions.

**Premium Progressive** - Offered to the patient as non-scheduled add-ons. As new products are introduced to the market, you can assume the product will be considered a Premium Progressive.

**Lenticular** – An older technology used for post-cataract surgery patients.

**Polycarbonate** - A commonly used lighter, thinner lens material that helps create more impact resistance.

**Standard Polycarbonate** – Commonly used lighter, thinner lens material that helps create more impact resistance compared to plastic lenses.

**Premium Polycarbonate** – A premium polycarbonate is available as a non-scheduled add-on. Your provider can determine the specific list of premium polycarbonates.

**Standard Anti-Reflective Coating** - A common lens coating that allows for more light to pass through the lens, cutting down on glare and distracting reflections. This coating is good for night driving and is also cosmetically appealing because it allows others to see your eyes rather than the light reflection off the lenses.

**Conventional Contact Lenses** - Contact lenses designed for long-term use (up to one year); can be either daily or extended wear.

**Disposable Contact Lenses** - Contact lenses designed to be thrown away daily, weekly, bi-weekly, monthly or quarterly.

**Medically Necessary Contact Lenses** - Contact lenses required because the patient cannot achieve optimal vision correction using spectacles.

Please refer to the Wellness 101 section of EyeMed's Web site for additional definitions.

## **Additional Discounts**

EyeMed's plans include additional unlimited discounts on eye care purchases made throughout the year. Members receive these discounts at all network providers simply by identifying themselves as EyeMed members.

### **EyeMed Additional Discounts**

- 40% off complete pairs of eyewear (frame, lenses, lens options in same purchase)
- 15% off conventional contact lenses
- 20% off frames, lenses or lens options purchased separately
- 20% off non-covered items, including vision care supplies like cleaning cloths

## **Value-Added Services**

All EyeMed members can also take advantage of two special services.

### **Laser Vision Correction Discount**

EyeMed members receive 5% off promotional pricing or 15% off regular pricing through the U.S. Laser Network, which is owned and administered by LCA-Vision. This discount is separate from the vision plan.

To take advantage of the savings, members should follow the steps below:

- Call toll-free 1-877-5LASER6 to find a participating laser vision correction provider. The member should alert the operator that he or she is an EyeMed member.
- The U.S. Laser Network will issue a Discount Certificate via email or U.S. mail.
  - After the member receives the discount certificate, follow these steps, he or she should schedule an appointment with an in-network provider and take the Discount Certificate to the initial appointment.
  - If the doctor determines the member is an ideal candidate for the surgery and a treatment date is scheduled, the member can then activate the discount by again calling 1-877-5LASER6. The member will need to make a \$100/eye deposit.
  - The in-network provider will deduct the discount AND deposit from the price.

For more information about the discount or to locate a participating surgeon, visit [www.EyeMedLasik.com](http://www.EyeMedLasik.com).

### **Contact Lens By Mail Program**

EyeMed members can order replacement contacts for delivery to their homes through [www.eyemedcontacts.com](http://www.eyemedcontacts.com) after their benefit has been used. The program is easy to use and verifies the prescription with the prescribing doctor.

## Section 3 – The EyeMed Network

### Overview

EyeMed Vision Care offers members access to a diverse network that includes thousands of private practice eye doctors as well as optometrists that practice next to the nation's top optical retail chains.



EyeMed's network includes optometrists, ophthalmologists and opticians. EyeMed credentials all providers and monitors them through a Quality Assurance Program.

### Your Network

Your vision plan is serviced by the EyeMed Select network. When searching for providers or making an appointment, your members should refer to this panel.

### Locating a Provider

EyeMed offers several options to locate a participating eye care provider.

#### Online

Go to [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and use our provider locator. Enrolled employees should register and log in to our secure member site to search for providers specific to their plan. During open enrollment, users can search from the home page by selecting the appropriate network name from the drop-down box and entering a zip code.

Please note that users must perform a security process before seeing results of the search. Once the list of nearby providers is returned, the member can map the provider location and get driving directions.

As a benefits manager, you may also want to know the network penetration for a particular area. The Benefits Manager area of our public Web site includes the Network Access Tool, which displays the network accessibility for key markets throughout the United States. A provider locator is available through our secure Benefits Manager Web area, as well.

Provider information on the Web site is updated nightly.

#### Customer Care Center

By calling our Customer Care Center and using our Interactive Voice Response (IVR) system, your employees can enter a zip code using the keypad to hear a list of nearby providers. Callers can also speak with a representative. Provider data on the IVR is updated nightly.

#### Member Welcome Kit

Each enrolled employee receives a listing of nearby network providers as part of the EyeMed welcome kit.

A provider's inclusion on any of our locators does not guarantee participation in your network or plan. Members should always confirm participation with the provider when making an appointment.

# Section 4 – Membership and Billing

## Submitting Membership

The single most important role you play in managing your vision plan is ensuring that EyeMed has correct and complete membership information in our system. The data you supply will be used to mail membership packets and to verify participation and eligibility in the plan when the member uses the benefit.

### Data Transmission

Your first membership file should be sent to your Client Support Specialist, who will review the data for accuracy and address any questions you have. After the initial data load, you have several options for submitting files. EyeMed requires full-file updates monthly by the 15<sup>th</sup> of the month (or the Friday before if the 15<sup>th</sup> falls on a Saturday or Sunday) to ensure new members are loaded and active by the first of the following month.

### Data Submission Options

Method	Timing
Via secure Web-based Online Group Management System (registration required)	Within 3 hours of submission
Electronic data file using EyeMed defined layout	Within 3 business days
Hard copy eligibility forms via fax or mail	Within 5 days of receipt by EyeMed

### Acceptable File Formats

Electronic data can be submitted in any of the following formats:

- **Microsoft Excel:** Your Client Service Specialist can e-mail you a template that contains field headings and formatting required for membership data submission
- **Hard Copy Data Submission:** After your hard copy has been submitted and entered into the EyeMed system, an electronic Excel file will be sent to the client for ongoing maintenance and future data submissions

### Exception Reports

After the data is loaded, a designated contact in your organization will receive a report summarizing the data results and issues, if any. Your Client Support Specialist will ask you to provide one point of contact to receive these reports.

If the Exception Report shows data that is not loaded, correct and resubmit the data. You should also correct the data on your company file before your next data load. In the event of an emergency, call your Client Support Specialist.

**EXCEPTION REPORT**

STYVED VISION CARE  
CLIENT DATA LOADING REPORT

**SUMMARY**

Category	Count
Members Loaded	100
Members Not Loaded	5
Duplicate Members	10
Members with Duplicate Addresses	2
<b>Total Members Loaded</b>	<b>100</b>

**HELPFUL DEFINITIONS**

**EXCEPTIONS:** This is the primary membership report to which the Member's address is loaded. It includes groups and address associated with the primary Submission Member. Contact your Client Support Specialist for any questions or concerns related to this report.

**EXCEPTIONS:** Members not loaded are "M" (Missing) or "D" (Duplicate).  
**EXCEPTIONS:** Duplicate (Address), incomplete or inaccurate data that may negatively affect eligibility or ID card production. (This includes "Missing Employer" or "Employer Error").  
**EXCEPTIONS:** Data loaded, if a member is in the exception list, please see the report of exception under the "M" or "D" column.

### Exception Report Fields

- Number of records processed
- Number of total subscriber/dependent records
- Number of records that could not be processed
- Codes associated with each exception
- List of members affected by the exceptions

### Mid-Month Updates

You can update, add or delete membership information at any time during the month using our secure Web site. Please note that premiums are not prorated; mid-month changes will still result in a full month premium. Use the last the day of the month as the termination date to ensure a full month of benefits. Changes made after the 15<sup>th</sup> of the month will be reflected on the following month's invoice.

### Confirmation of Data

If you load or update data via the Web, you can confirm it on the site. Contact your Client Support Specialist to confirm data changes or loads submitted by other means.

### Tips for Submitting Data

- EyeMed requires data include both subscribers and enrolled dependents
- Members must enroll for at least 12 months
- Electronic data must be submitted in EyeMed's standard data format

## Billing and Invoices

Bills are generated monthly based on data in the system as of 4 p.m. ET the 15<sup>th</sup> of the prior month. A hard copy invoice will be mailed to the primary client contact unless we are otherwise notified. Invoices are mailed the first week of each month and payment is due upon receipt.

### Retro-Billing

The system automatically applies retroactive credits or fees for up to 90 days based on enrollment additions or terminations.

### Remission Address

All payments should be mailed to the address found on your monthly billing statement.

**Important Note: Do not indicate membership changes on invoices. Please refer to p. 11 for instructions on updating enrollment data.**

**EyeMed**  
VISION CARE

REMIT TO: FIDELITY SECURITY LIFE INSURANCE/EYEMED  
FIDELITY PREMIER  
P.O. BOX 60250  
CINCINNATI, OH 45260-2500

PLAN CODE: ENROLLMENT GROUP:  
INVOICE NUMBER: 148609

BILLING MONTH: JANUARY 2004

RETRO ADJUSTMENTS	JANUARY 2004	TOTAL
	\$7.00	\$7.00
<b>TOTAL AMOUNT DUE</b>		<b>\$14.00</b>

COVERAGE TIER	COUNT	DATE	TOTAL
LEVEL 2			
Emp Only	1	X	\$1,000.00
Emp + 1	1	X	\$1,000.00
Emp + FAM	2	X	\$3,000.00
		LEVEL 2 - JANUARY 2004	<b>TOTAL</b>
			<b>\$5,000.00</b>

RETRO ACTIVE ADJUSTMENTS	TOTAL
Retro 10/22/03 Adwrt	\$1.00
Retro 11/02/03 Adwrt	\$3.00
Retro 12/02/03 Adwrt	\$3.00
<b>RETRO ADJUSTMENTS TOTAL:</b>	<b>\$7.00</b>

PAYMENT IS DUE IN FULL UPON RECEIPT  
THIS INVOICE CALCULATION IS BASED ON DATA UPDATED AS OF 10/20/03

PLEASE DETACH AND RETURN:

REMIT TO: FIDELITY SECURITY LIFE INSURANCE/EYEMED  
FIDELITY PREMIER  
P.O. BOX 60250  
CINCINNATI, OH 45260-2500

PLAN CODE: ENROLLMENT GROUP:  
INVOICE NUMBER: 148609  
KEY CODE: 21076  
**TOTAL AMOUNT DUE: \$16.00**

## **Renewals**

You should receive a renewal proposal and application 90 days before your renewal. Please sign both documents and submit both to your broker or Client Support Specialist at least 30 days prior to your renewal date.

## **Termination of Plan**

Your insurance policy contains minimum notification requirements for termination of your account with EyeMed. Should you wish to terminate your plan, please call your Client Support Specialist.

## Section 5 – Using the Benefits

### In-Network Benefits

Members do not file claims for in-network benefits. Members simply locate a provider, make an appointment and pay any out-of-pocket costs at the time of service. Members should either show their ID cards or identify themselves as an EyeMed member to make sure the provider applies the appropriate benefit levels.

### Out-of-Network Benefits

Most EyeMed plans include out-of-network benefits available when a member obtains services at a provider who is not part of the EyeMed network. Members file claims for out-of-network benefits using the following process.

- **Request an Out-of-Network Claim Form:** Members can download an out-of-network claim form from our Web site or call the Customer Care Center to have one mailed within 24 hours. Forms can also be emailed or faxed.
- **Schedule an Appointment:** The member makes an appointment with the out-of-network provider of choice.
- **Pay for all Services:** The member pays for all services at the point of care and asks the provider for an itemized receipt.
- **Submit Out-of-Network Claim Form:** The member fills out and submits the out-of-network claim form with paid receipts. Out-of-network reimbursements are sent directly to the subscriber weekly or biweekly depending upon the plan type. Payment will include an EOB.

The form is titled "EyeMed VISION CARE Out of Network Vision Services Claim Form". It is divided into several sections for data entry:

- Patient Information (Required):** Includes fields for Last Name, First Name, Middle Initial, Street Address, City, State, Zip Code, Birth Date (MM/DD/YYYY), Telephone Number, Member ID #, and Relationship to the Subscriber (Self, Spouse, Child, Other).
- Subscriber Information (Required):** Includes fields for Last Name, First Name, Middle Initial, Street Address, City, State, Zip Code, Birth Date (MM/DD/YYYY), Telephone Number, Vision Plan Name, Vision Plan ID #, and Subscriber ID #.
- Date of Service (Required) (MM/DD/YYYY):** A field for the date of service.
- Request For Reimbursement - Please Enter Amount Charged. Remember to include itemized paid receipts:** A table with columns for Exam, Frame, Lenses, and Contacts Lenses, each with a dollar sign and a field for the amount. A note says "(please submit all contact related charges at the same time)".
- If lenses were purchased, please check type:** Single, Bifocal, Trifocal, Progressive.
- Signature and Date:** A line for "Member/Guardian/Patient Signature (not a minor)" and a field for "Date".
- Barcode and Footer:** Includes a barcode, the text "Revision Date 9/2008", and a small "FORM" label.

Mail Out-of-Network Claims To:  
EyeMed Vision Care/First American Administrators, Inc.  
Attention: Out-of-Network Claims  
P.O. Box 8504  
Mason, OH 45040-7111

## Section 6 – Program Support

EyeMed supplies a variety of tools to help you administer the program within your organization, as well as educate your employees about vision care in general.

### Benefit Manager Web Site

By registering for EyeMed's secure client site, you will have access to a variety of tools, including:

- **Member Search:** Locate member and benefit information
- **Additional ID Card Request:** Request additional card packets for your enrolled employees
- **Member Maintenance:** Instantly add, delete or update member information (updates made within four hours)
- **Provider Locator:** Locate network providers quickly and easily
- **Reports:** Download membership enrollment reports and view your three most recent invoices

To register, complete the Web Site Registration form and submit it to your Client Support Specialist. To access the site, visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com), select Benefit Administrators, then Log In/Register.

#### Tips for Using the Benefit Manager Web Site

- One account owner is assigned per organization based on the completed registration form. The Account Owner can add additional users.
- Do not bookmark the login page as a Web site favorite.
- Passwords must be 8 to 15 characters long and have at least one capital letter and one number.

**Important Note: You cannot view your employees' claims status online due to HIPAA regulations. Please instruct your employees to call EyeMed's Customer Care Center at the number on their ID card if they have questions about in-process or paid claims.**

EyeMed also provides additional resources for benefit administrators on our main Web site, including the Network Access Tool and answers to common questions.



EyeMed  
VISION CARE

Text Size: A A A

Benefits Administrator Home | Why EyeMed | Administrator Resources | Become a Client

Admin Resources  
→ Network Access Tool  
→ Refer a Provider  
→ Client Wellness Tool Kit  
→ Common Questions

Login or Register Now  
Login Register

Admin Resources / Network Access Tool

### Network Access Tool

EyeMed's products are supported by diverse networks that provide convenient access to quality eye care. Select a state to see the percent of the population with access to at least one EyeMed provider within 15 miles in key metropolitan areas. Calculations are based on driving distance.

	Advantage	Select	Access
OH			
CINCINNATI	93%	97%	98%
CLEVELAND	99%	100%	100%
COLUMBUS	98%	100%	100%
DAYTON	96%	100%	100%
TOLEDO	93%	97%	100%

Locate a Provider  
Select a network. Refer to your enrollment materials for the name of your network. Enrolled members should log in.  
Find a Provider

Eye Exam Videos  
See for yourself why eye exams are important and what adults and children can expect.  
Watch Videos

Contact Us  
Contact us with your comments and questions.

# Member Welcome Kit with ID Cards

**EyeMed**  
VISION CARE

Member/Patient Services: 1-866-723-0514  
SELECT PLAN A  
ENM POWER COPY - RFP

SUSAN SAMPLE  
Group # 9607012  
Effective: 11/01/2007

Underwritten by Priority Security Life Insurance Company

**EyeMed**  
VISION CARE

Member/Patient Services: 1-866-723-0514  
SELECT PLAN A  
ENM POWER COPY - RFP

SUSAN SAMPLE  
Group # 9607012  
Effective: 11/01/2007

Underwritten by Priority Security Life Insurance Company

**IMPORTANT:** Personalized cards are paired with the subscriber's name only; eligible dependents can use one of the cards above for identification purposes. Detach your member cards immediately. Carry the card with you at all times and protect it as you would any important piece of identification. Please verify the provider accepts your plan when scheduling your appointment.

ENMCA10

**Professional Providers Near You**

**DR. JOHN A. WENZ**  
LENSCRAFTERS & CO. INC.  
8008 KINGS AVE. S.W.  
CINCINNATI, OH 45240  
(513) 683-8710

**DR. SARAH M. MOSEK**  
**PEARLA VISION**  
2021 WOOD ST. #200  
WEST CHESTER, OH 45380  
(513) 779-4444

**DR. SANDRA J. SHERRING**  
**DR. TRACY A. LITTLE**  
**SEARS OPTICAL**  
300 S. WENDLER RD.  
CINCINNATI, OH 45246  
(513) 346-2462

**JOFFENEY OPTICAL**  
1115 PRINCETON PL. S15 023  
CINCINNATI, OH 45246  
(513) 671-1508

**DR. TODD WYNLER**  
**LENSCRAFTERS & CO. INC.**  
11700 PRINCETON PK.  
CINCINNATI, OH 45246  
(513) 671-8200

**MICHAEL W. HAMNER, OD, OD**  
1400 TUCKER BLVD. 1012  
MANSFIELD, OH 44820  
(313) 877-2843

**DR. LINDA FISHER**  
**DR. SARAH HADGE**  
**DR. THOMAS MITCHELL**  
**THOMAS'S RETER OD & DR. MIAMI**  
2201 WEST LA. ST. 5  
MANSFIELD, OH 44820  
(313) 877-8892

**DR. MARK KUBERSKI**  
**WING EYE CARE**  
1700 MONTCOY RD.  
CINCINNATI, OH 45249  
(513) 774-3889

**THOMAS AND BUTTON EYECARE**  
1118 WOODLAND DR.  
CINCINNATI, OH 45249  
(513) 683-9173

**DR. MELISSA ROWMAN**  
11175 MONTCOY RD.  
CINCINNATI, OH 45249  
(513) 683-9149

**EyeMed**  
VISION CARE

SUSAN SAMPLE  
4000 LENOXVILLE PLACE  
MANSION, OH 45040

**LensCrafter's** **PEARLA VISION** **Sears** **OPTICAL** **PRIMA OPTICS**

EyeMed mails a welcome kit to all employees who enroll in the vision plan. The packet includes two ID cards, a detailed benefit summary, instructions for using the benefit, contact information and a listing of network providers near the employee's home zip code. The packets are shipped within 15 business days of receipt of clean enrollment data from your organization.

Members can request additional packets through our Web site. You can order additional cards on the employee's behalf through the secure Benefit Manager Web site.

ID cards are not required for service but help the provider identify the plan and apply the correct benefits or discounts. Cards are printed in the subscriber's name only but can be used by dependents. If the ID card is not available, the member should simply mention participation in the EyeMed plan to the provider.

### Ordering Replacement ID Cards for Your Employees

- Go to [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)
- Select "Benefits Administrators," then "Login/Register"
- Once logged in, go to Member Search and select the employee's name.
- The option to order an ID card is approximately halfway down the page.

Please note that some cards may look different than the image above, and language and artwork are subject to change.

## Open Enrollment/Health Fair Support

If your organization hosts open enrollment or health fair events at job sites, EyeMed can support the event. We offer a DVD presentation that helps members understand and use the benefit, as well as plan summary sheets, provider directories and other educational information at no additional charge. Representatives may also be available depending on the expected attendance at the event.

Contact your Client Support Specialist at least 30 days in advance of the event date for more information about what's available to you.

## Member Web Site

Once your employees enroll in the vision plan, they can register for the secure member area of the site to view their benefit levels and eligibility status, locate providers, download an out-of-network claim form and learn more about vision care. Your employees can self-register on the site after the plan effective date.

If your organization offers only a discount plan, the members will simply choose the first letter of your plan name from the log in page, then select your plan name from a list. By selecting the plan name, users can view discount levels.

## Employee Health and Wellness Tool Kit



EyeMed clients can also request an Employee Health and Wellness Tool Kit to help communicate vision wellness all year long. The kit includes posters, articles, paycheck stuffers and other materials about vision care and related topics. Contact your Client Support Specialist to request the Tool Kit free of charge.

## Wellness 101 at eyemedvisioncare.com

EyeMed's vision is to improve quality of life through better vision. The Wellness 101 area of our Web site helps us achieve that mission by educating our clients and members about the importance of vision care. You'll find:

- Articles on eye conditions, eyewear and eye exams
- Common questions about eye care
- Glossaries
- Videos
- Printable tools
- Tips for selecting the right eye care doctor and eyewear

Content is updated routinely, so be sure to check back often.



## Forms

EyeMed provides all of the forms necessary to manage your plan. Please refer to the email for copies of the following forms.

<b>Form Name</b>	<b>Purpose</b>
Web Site Registration Form	Request access to our secure provider site
Out-of-Network Claim Form	Submit out-of-network services for reimbursement

## Section 7 – OneSight



EyeMed Vision Care is affiliated with OneSight<sup>SM</sup>, a Luxottica Group Foundation. OneSight is a family of charitable vision care programs dedicated to improving vision through outreach, research and education. OneSight combines 20 years of innovation from three regional programs – Give the Gift of Sight, Pearle Vision Foundation and Community I Care – into one, new, global organization.

EyeMed associates participate in annual vision screenings at Cincinnati-area schools, serve as volunteers on international and regional eye care clinics and help recycle used eyewear. EyeMed also sponsors a Vision Van that includes a full optical lab. The Vision Van travels around the United States dispensing free eyewear to those in need.

You and your employees can help, as well, by participating in OneSight programs in your area or collecting used eyewear.

### Sight Night

OneSight has designated Halloween as “Sight Night,” using trick-or-treat to collect used eyewear instead of just candy.

Since the program began in 1999, Sight Night donations have garnered more than 1 million pairs of eyewear. All the eyewear collected on Sight Night is then cleaned, repaired and hand-delivered to people in developing countries through international eye care clinics.



OneSight's Web site, [www.onesight.org](http://www.onesight.org), provides all the information you need to request materials and participate in Sight Night.

### Used Eyewear

If your organization collects used eyewear for use on international missions, you can drop off the eyewear at any LensCrafters<sup>®</sup>, Pearle Vision<sup>®</sup> or Sears Optical<sup>SM</sup>, Target Optical<sup>®</sup> or Sunglass Hut location. Locate participating eye care locations near you at [www.onesight.org](http://www.onesight.org).

You can also mail financial contributions or eyewear donations to:

OneSight  
4000 Luxottica Place  
Mason, Ohio 45040

For more information, visit [www.onesight.org](http://www.onesight.org) or call your local LensCrafters, Pearle Vision, Sears Optical, Target Optical or Sunglass Hut store. OneSight is a non-profit charitable foundation, and all gifts are tax-deductible.

#### Types of Eyewear Needed

- Women's, men's and children's prescription eyewear
- Bifocals
- Non-prescription sun