

**CU GME VISION CARE PLAN
EyeMed Vision Care**

ENROLLMENT & PAYROLL DEDUCTION AUTHORIZATION FORM

Resident Information:

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____ Zip _____

Gender: M F SSN _____/_____/_____ Date of Birth _____/_____/_____
mm dd yyyy

Qualifying Event: Birth Marriage Other _____ Date of Qualifying Event: _____/_____/_____

Dependent Information:

(Please complete information for each dependent *for whom you are requesting coverage* on this plan)

	Last Name	First Name	MI	Date of Birth	M/F
Spouse*:				/ /	
Child:				/ /	
				/ /	
				/ /	
				/ /	

*Spouse includes married spouse, common-law spouses, domestic partners and civil union partners.

Indicate coverage requested

- Resident Only \$11.12 per month
- Resident + 1 \$21.09 per month
- Resident + Family \$30.98 per month

OR

Cancel Coverage

REQUIRED AUTHORIZATION

- I understand that changes to the above election are ONLY accepted during the annual open enrollment period (April/May) for change effective at the start of the next plan year (August 1st) or within 31 days of a qualifying event (e.g. birth, marriage, new hire, etc.).
- I confirm that the information provided on this form is true and correct to the best of my knowledge.
- I authorize the University to deduct the above indicated premium from my monthly stipend for participation in the CU GME Vision Care Plan, EyeMed. No premium deduction is made when coverage is waived/canceled.

Name of resident: _____ Date: _____

- For qualifying event enrollment, form must be received *within 31 days of the qualifying event* (e.g. birth or marriage).
- Late enrollment submissions are not accepted.**

Return completed form:
Save and email: joseph.lafond@cuanschutz.edu
Fax: 303-724-6034
Questions or issues: Call 303-724-7325

Mail: GME Benefits Office; Mailstop C293;
13001 East 17th Place; Aurora, CO 80045

GME USE ONLY	
Coverage effective date _____	TO: Payroll _____
CU ID # _____	EyeMed _____



CU GME

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$10 copay	Up to \$35
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$55	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$140 allowance	Up to \$56
STANDARD PLASTIC LENSES		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$60
Lenticular	20% off Retail Price	Not covered
Progressive - Standard	\$10 copay	Up to \$85
Progressive - Premium	\$10 copay; 20% off retail price less \$120 allowance	Up to \$85
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Not covered
Polycarbonate - Standard	\$0 copay	Up to \$28
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid or Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$155 allowance	Up to \$109
Contacts - Disposable	\$0 copay; 100% of balance over \$155 allowance	Up to \$109
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$200
OTHER		
Hearing Care from Amplifon network	Discounts on hearing exam and aids; call 1.877.203.0675	Not covered
Lasik or PRK From U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY		
Exam	Once every 12 months from the date of service	
Frame	Once every 12 months from the date of service	
Lenses	Once every 12 months from the date of service	
Contact Lenses	Once every 12 months from the date of service	
(Plan allows member to receive either contacts and frame, or frames and lens services)		



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Access Network)

- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads up

You may have additional benefits. Log into eyemed.com/member to see all plans included with your benefits.

EyeMed Member Services
1-866-723-0513

CU GME Group
#9780438

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. 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

Members already save an average 71% off retail using their EyeMed benefits,¹ but our long list of special offers takes benefits even further.

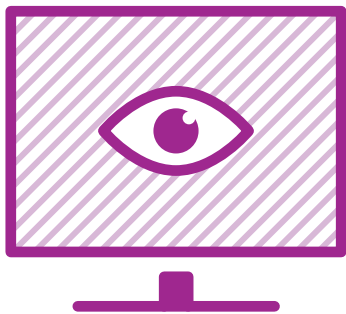
Remember, you're never alone

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.

¹Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.



eye
Med



Create a member account at eyemed.com

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

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
EST. 1961
VISION

OPTICAL