

SEE THE DIFFERENCE WITH SURENCY VISION

GET THE CONVENIENCE YOU NEED AND THE PROVIDER CHOICES YOU WANT

Hallmark

 With access to over 100,000 providers nationwide, finding a *Surency Vision* provider is easy and one less task to worry about. *Surency Vision* combines EyeMed's extensive provider network with Surency's strong customer focus - the kind of focus you deserve.

SEARCH FOR A PROVIDER BY:

- + ZIP Code
- + Provider/Retail Name
- + Hours & Scheduling
- + Services
- + Products
- + Brands

VISIT SURENCY.COM/HALLMARK TO FIND A NETWORK PROVIDER NEAR YOU.

ACCESS YOUR SURENCY VISION ACCOUNT FROM YOUR PHONE WITH OUR MOBILE APP!

- + Find a network provider
- + Access your mobile ID card
- + Check your eligibility
- + Check claim status
- + Order contact lenses
- + And more!

Search for Surency Vision in the App Store or Google Play.

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READY TO ORDER GLASSES OR CONTACTS?

Use *Glasses.com* or *ContactsDirect.com/Surency* to take advantage of your benefits at checkout! Simply input your insurance information and see what your out-of-pocket cost will be before buying. Plus, no need to file claims!

ACCESS YOUR SURENCY VISION MEMBER ACCOUNT

View your plan details by visiting your Member Account at *Surency.com/hallmark* or through the Surency Vision mobile app.

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TO FIND A NETWORK PROVIDER NEAR YOU, VISIT SURENCY.COM/HALLMARK









It sure is easy.

WELCOME!



BENEFITS SUMMARY

Service or Item	Premium Plan: In-Network Cost	Standard Plan: In-Network Cost	Both Plans: Out-of-Network Allowance
ye Exams: Allowance available once per cale	ıdar year.		
Eye Exam	\$10 copay	\$10 copay	\$35 allowance
yeglasses: Allowance available once per cale	ndar year.		
Frame	\$200 allowance	\$150 allowance	\$75 allowance
Standard Plastic Lenses Single Vision Bifocal Trifocal Lenticular	\$25 copay	\$25 copay	\$25 allowance \$40 allowance \$55 allowance \$55 allowance
Lens Options: Allowance available once per	calendar year.		
Standard Polycarbonate	\$0 copay	\$0 copay	\$25 allowance
UV Coating	\$15 copay	\$15 copay	Not Covered
Fint (Solid and Gradient)	\$0 copay	\$0 copay	Not Covered
Standard Photochromic	\$0 copay	\$0 copay	Not Covered
Standard Scratch-Resistance	\$15 copay	\$15 copay	Not Covered
Standard Anti-Reflective Coating	\$45 copay	\$45 copay	Not Covered
Standard Progressive (Add-on to Bifocal)	\$0 сорау	\$65 copay	\$40 allowance
Premium Progressive	\$85-\$110 copay	\$85-\$110 copay	\$40 allowance
Custom Progressive	\$65 copay plus 20% off retail, less \$120	\$65 copay plus 20% off retail, less \$120	\$40 allowance
Add-ons and Services	20% off retail	20% off retail	Not Covered
Contact Lenses: Contact lens allowance incl	udes material only. Allowance not available i	f eyeglass lenses are elected. Allowance availai	ble once per calendar year.
Fit and Follow Up Exam Basic Fit and Follow Up Specialty Fit and Follow Up	Up to \$55 copay Member pays 90% of fee	Up to \$55 copay Member pays 90% of fee	Not Covered Not Covered
Conventional	\$200 allowance, 15% off balance over \$200	\$150 allowance, 15% off balance over \$150	\$100 allowance
Disposable	\$200 allowance	\$150 allowance	\$100 allowance
Medically Necessary	\$0 copay	\$0 copay	\$200 allowance
Low Vision Rider: Professional services for	evere visual problems not correctable with r	egular lenses.	
Supplemental Testing	Covered in Full	Covered in Full	Up to \$125 allowance
Supplemental Aids	75% up to \$1,000 (every two benefits periods)	75% up to \$1,000 (every two benefits periods)	75% up to \$1,000 (every two benefits periods)
Additional Benefits:			
Additional Pairs Benefit	40% discount off complete pair of eyeglass purchase and 15% off conventional contact lenses	40% discount off complete pair of eyeglass purchase and 15% off conventional contact lenses	N/A
Laser Vision Correction	15% off retail price or 5% off promotional price	15% off retail price or 5% off promotional price	N/A

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