



WELCOME!

GET THE CONVENIENCE YOU NEED AND THE PROVIDER CHOICES YOU WANT

With access to more than 100,000 providers nationwide, finding a Surency Vision provider is simple, one less thing to worry about. Surency Vision combines EyeMed's extensive network with Surency's exceptional customer care, delivering the kind of experience you deserve.

ACCESS YOUR SURENCY VISION MEMBER ACCOUNT

Easily access your plan details by logging in to your Member Account at *Surency.com/Hallmark* or using the Surency Vision mobile app.

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.

Make the most of your vision benefits at checkout with our convenient online vision solutions! Just enter your insurance information to instantly view your out-of-pocket costs—no guesswork, no hassle, and no claims to file.

GLASSES.COM

Lens Crafters*





contactsdirect





TO FIND A NETWORK PROVIDER NEAR YOU, VISIT

SURENCY.COM/HALLMARK





LENSCRAFTERS'









BENEFITS SUMMARY

Service or Item	Premium Plan: In-Network Cost	Standard Plan: In-Network Cost	Both Plans: Out-of-Network Allowance
Eye Exams: Allowance available once per calendar year.			
Eye Exam	\$10 copay	\$10 copay	\$35 allowance
Eyeglasses: Allowance available once per calendar 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
Tint (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 copay	\$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 includes material only. A	llowance not available if eyeglass lenses are ϵ	elected. Allowance available once per calendar	year.
Fit and Follow Up Exam <i>Basic Fit and Follow Up Specialty Fit and Follow Up</i>	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 severe visual problems	not correctable with regular 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