

Hallmark

WELCOME

SEE THE DIFFERENCE WITH SURENCY

It sure is easy.

GET THE CONVENIENCE YOU NEED AND THE PROVIDER CHOICES YOU WANT

With access to over 125,000 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 AN INSIGHT NETWORK PROVIDER NEAR YOU.	CONTACTS GLASSES CONTACTS? 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 ACCOUNT FROM YOUR PHONE WITH OUR MOBILE APP!	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.	

TO FIND AN IN-NETWORK PROVIDER NEAR YOU, VISIT SURENCY.COM/HALLMARK



LENSCRAFTERS









2024 SURENCY VISION 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	r calendar year.		
Eye Exam	\$10 copay	\$10 copay	\$35 allowance
Eyeglasses: Allowance available once pe	r 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 onco	e per calendar year.		L
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: <i>Contact lens allowand calendar year.</i>	e includes material only. Allowance n	ot available if eyeglass lenses are elec	ted. Allowance available once per
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 service	s for severe visual problems not corre	ectable 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

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