

## Ingram & Co, Inc.

EyeMed Vision Care will be your provider for quality eye care services. EyeMed Vision Care's Network consists of private practicing optometrists, ophthalmologists, opticians, and the nation's leading optical retailer, LensCrafters®. Our eye care professionals are looking forward to meeting your vision care needs. We are confident you will find complete satisfaction in their services and products.

Receiving your vision benefit is as easy as visiting your EyeMed provider. To locate providers, call 1-866-939-3633 and use EyeMed's locator service or speak with an EyeMed Customer Service Representative or visit our website at [www.enrollwitheyemed.com](http://www.enrollwitheyemed.com).

A complete description of your vision care benefit is detailed in the box to the right.

## VISION PLAN ANNOUNCEMENT

### PREMIER PLUS

Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam with Dilatation as Necessary	\$10 Copay	Up to \$35
Frames:	\$100 Allowance; 80% of balance over \$100	Up to \$45
Standard Plastic Lenses:		
Single Vision	\$10 Copay	Up to \$25
Bifocal	\$10 Copay	Up to \$40
Trifocal	\$10 Copay	Up to \$55
Lenticular	\$10 Copay	Up to \$55
Lens Options (paid by the member and added to the base price of the lens):		
Tint (Solid and Gradient)	\$12	N/A
UV Coating	\$12	N/A
Standard Scratch-Resistance	\$15	N/A
Standard Polycarbonate	\$35	N/A
Standard Anti-Reflective	\$45	N/A
Standard Progressive (Add-on to Bifocal)	\$45	N/A
Other Add-Ons and Services	20% discount	N/A
Contact Lenses (includes fit, follow-up and materials):		
Conventional	\$115 Allowance; 15% off balance over \$115	Up to \$100
Disposables	\$115 Allowance; balance over \$115	Up to \$100
Medically Necessary	\$250 Allowance; balance over \$250	Up to \$200
** LASIK and PRK Vision Correction Procedures:	15% off retail price OR 5% off promotional pricing	N/A
Frequency:		
Exams	Once every 12 months	
Frames	Once every 12 months	
Standard Plastic Lenses	Once every 12 months	
Contact Lenses (in lieu of Standard Plastic Lenses)	Once every 12 months	

### Additional Purchases and Out-of-Pocket Discount

Member will receive a 20% discount on remaining balance at Participating Providers beyond plan coverage, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses.

Benefits are not provided for services or materials arising from: orthoptic or vision training; subnormal vision aids and any associated supplemental testing; aniseikonic lenses; medical and/or surgical treatment of the eyes; corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the plan; services provided as a result of Workers' Compensation law; plano non-prescription lenses and non-prescription sunglasses (except for the 20% EyeMed discount); two pairs of glasses in lieu of bifocals (does not apply to Primary Plan members); services or materials provided by any other group benefit providing for vision care. Benefit allowances provide no remaining balance for future use within same benefit period. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next benefit period.

Underwritten by Fidelity Security Life Insurance Company. The Certificate of Insurance is on file with your employer. Contact your employer to review a copy

## Getting an eye exam is beneficial to your health!

Getting an eye exam is more than just testing your vision. Eye exams can assist in the early detection of vision conditions and health conditions such as:

- Glaucoma
- Diabetes
- Cataracts
- High Blood Pressure
- Astigmatism

That's why it's important to get an eye exam on a regular basis. Children need eye exams, too! Did you know the American Optometric Association recommends that children receive an eye exam as early as six months of age? Our nationwide provider network will be happy to assist you in servicing your vision care needs.

## \*\*LASIK and PRK Benefit

EyeMed is pleased to provide all EyeMed Vision Care members with a laser vision correction benefit. EyeMed and LCA-Vision have arranged to provide this benefit to all EyeMed Vision Care members through the U.S. Laser Network. Members are entitled to a 15% discount on the usual and customary fees for LASIK and PRK procedures, or a 5% discount on any promotional pricing, whichever is the greater benefit. One easy phone call to 1-877-5LASER6 begins the process of using your benefit. No claim forms are needed, making it a hassle free process for members.

## Continued Eyewear Savings

Your EyeMed benefit also provides for continued savings through our Premier Plus Secondary Purchase Plan. After your initial benefits have been utilized, you are able to receive ongoing discounts on additional eyewear purchases at EyeMed provider locations, which result in discounts up to 45% off the retail price of eyewear and accessories. See your EyeMed provider for details.

## Contact Lens By Mail Program

You may order replacement contact lenses for competitive prices via the internet, and have the contacts mailed directly to your home. The service is for replacement contact lenses only, and your core benefit allowance or discount will not apply to the service. Your initial pair of contact lenses must still be purchased from your eye care provider to ensure proper fit and follow-up care. Simply visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) for details, and a link to the order site.

Check with your participating EyeMed provider for services and selection.

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





# Enrollment/Change Form

Please print and complete **all** sections. See instructions below.

EMPLOYER INFORMATION						
<b>Group Number</b> 9674847	<b>Employer Name</b> INGRAM & CO., INC.	<b>Location Code</b>	<b>Division Code</b>	<b>Effective Date</b>		
EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)						
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Member ID</b>	<b>Last Name (Employee or subscriber)</b>	<b>First Name</b>	<b>M.I.</b>	<b>Date of Birth</b>
<b>Social Security Number</b>		<b>Home Street Address</b>		<b>City/State/Zip</b>		<b>Home Phone ( )</b>
FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name)						
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Last Name (spouse)</b>	<b>First Name</b>	<b>M.I.</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Last Name (dependent)</b>	<b>First Name</b>	<b>M.I.</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Last Name (dependent)</b>	<b>First Name</b>	<b>M.I.</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Last Name (dependent)</b>	<b>First Name</b>	<b>M.I.</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Last Name (dependent)</b>	<b>First Name</b>	<b>M.I.</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Last Name (dependent)</b>	<b>First Name</b>	<b>M.I.</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
Employee Signature: _____ Date: _____						

## Instructions

**Employer name:** Legal name of the employer.  
**Group Number:** Provided by EyeMed or EyeMed representative.  
**Location code:** Optional field for employers to track multiple locations.  
**Effective date:** Date set by employer in accordance with EyeMed proposal. Employer also sets effective date for new adds during contract period.

**Family Information:** List only eligible family members who are enrolling. Dependent eligibility is the same as employer's health plan.  
**(A) Add:** Open (group) enrollment or new (individual) enrollment during the contract period.  
**(T) Terminate:** To terminate enrollment.  
**(C) Change:** A change of name, employee address or employee phone.

### Attention Benefits Administrators:

This enrollment card has been provided to assist you in capturing member information for electronic data submission to EyeMed. EyeMed does not accept these hard copy enrollment cards for member adds, changes, or deletes.

Monthly Payroll Deduction	
=====	
Employee	\$11.29
=====	
Employee + Spouse	\$21.35
=====	
Family	\$31.29