

# Reliant Care Management

## Features/Benefits

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### **Rx Savings - Extra value for plan members**

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Participating pharmacies will give plan members their normal health care pharmacy benefit, or the Rx discount, whichever saves more.
- Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.
- To receive the Rx discount, members just need to visit us at [www.reliancematrix.com](http://www.reliancematrix.com) and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

### **Eyewear Savings at Walmart Vision Centers**

- Plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart.
- This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.
- To receive the eyewear savings identification card, plan members can visit [www.reliancematrix.com](http://www.reliancematrix.com) and sign-in (or create) a secure member account. Members must present the Eyewear Savings Card at time of purchase to receive the discount.
- Also, when choosing eServices, your benefits administrator will have access to the Eyewear Savings Card to assist members without Internet access.

### **Composites on Molars**

This dental proposal includes a benefit for composite fillings on the molars located in the back of the mouth. This complements the composite filling benefit we already offer on bicuspid, which are the teeth next to the molars. Dental composites consist of a core plastic material, also known as resin, mixed with fillers to achieve various levels of strength, wear resistance and color. The result is a more natural-looking, tooth-color filling.

For more than a century, amalgams (silver-color fillings) have been the first choice for fillings in molars, because of their superior strength and cost effectiveness. Molars are key to comfortably and thoroughly chewing food, and if a person suffers from bruxism (tooth grinding) the molars are always getting a workout, so molar strength is an important consideration.

However, advances in composite dental fillings have made them strong enough for back teeth. So with this strength, along with their natural look, composites have become a popular alternative. Ultimately, the choice of dental filling material should be decided between the patient and his/her dental professional. By selecting this enhanced benefit, employers would be giving their employees the freedom to choose either amalgam or composite fillings with fewer financial concerns.

### **Deductibles**

After the date that \$150 in accumulated deductibles has been met within a family, we will waive the entire deductible or any remaining portion of the deductible amount for any other family members for the rest of that calendar year. At no time can a family member contribute more than the selected deductible amount. (Plan(s): Low Plan 1; High Plan 1)

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## Plan Design Summary

### Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 9/1/2025

	Plan 1: TrueView	
	EyeMed Insight Network	Out of Network
Annual Eye Exam	Covered in full	Up to \$35
Lenses (per pair)		
Single Vision	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$55
Lenticular	20% discount	No benefit
Progressive	See lens options	NA
Frame Allowance	\$150	Up to \$75
Frequencies		
Exam/Lens/Frames	12/12/24 Based on date of service	12/12/24 Based on date of service

### Deductible, Maximum

Deductibles	\$10 Exam \$25 Eye Glass Lenses	No deductible
Maximum per benefit period	None	None

### Contact Lenses

Fit & Follow Up Exams	Standard: Member cost up to \$40 Premium: 10% off of retail	No benefit No benefit
Contacts		
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$200

### Monthly Rates

Employee (EE)	\$4.12
EE + Spouse	\$8.24
EE + Children	\$8.32
EE + Spouse & Children	\$13.24

Rates are guaranteed for 24 months following the effective date listed above.

Rates include: home address mailing.

**The proposed dental and/or eye care rates include a multi-policy discount which assumes that the dental and/or eye care policies are placed in conjunction with other Reliance Standard coverage lines which are eligible for a multi-policy discount. Reliance Standard reserves the right to adjust the quoted dental and/or eye care coverages if they are not placed in conjunction with other eligible Reliance Standard coverage lines. Please contact your local insurance representative for additional information regarding this proposal.**

# Reliant Care Management

## Plan Design Summary

### Lens Options (member cost)

	Plan 1: TrueView	
	EyeMed Insight Network	Out of Network
<b>Progressive Lenses</b>		
Standard	\$65 + lens deductible	No benefit
Premium		
Tier 1	\$85 + lens deductible	No benefit
Tier 2	\$95 + lens deductible	No benefit
Tier 3	\$110 + lens deductible	No benefit
Tier 4	\$65 plus 80% of charge less \$120 allowance	No benefit
Std. Polycarbonate	\$40	No benefit
Scratch Resistant Coating	\$15	No benefit
<b>Anti-Reflective Coating</b>		
Standard	\$45	No benefit
Premium		
Tier 1	\$57	No benefit
Tier 2	\$68	No benefit
Tier 3	80% of the charge	No benefit
Ultraviolet Coating	\$15	No benefit
LASIK or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

### Additional TrueView Features (In Network)

<b>Discounts</b>	15% discount on the remaining balance in excess of the conventional contact lens allowance. 20% discount on the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
<b>Lens Options (Member Cost)</b>	\$15 - Tint (Solid & Gradient). \$75 - Plastic Photochromatic/Transition.
<b>Secondary Purchase Plan</b>	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
<b>Contact Lens Replacement by Mail Program</b>	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.

# Reliant Care Management

## Features/Benefits

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### TrueView Vision

This plan features access to EyeMed's integrated provider network, so plan members can choose from private practice optometrists, ophthalmologists, opticians and optical retailers such as LensCrafters® and enjoy in-network savings. When visiting an EyeMed Insight network provider, members may choose from any frame available at the provider locations. Most independent providers and all LensCrafters locations carry name-brand frames by Luxottica, the world's leading eyeglass frame manufacturer. Helping to safeguard the eyesight of your employees, eye care insurance can boost productivity and reduce absenteeism due to fatigue, headaches and other vision-related complaints.

With a firm commitment to quality and patient satisfaction, EyeMed offers additional savings of up to 40% off the purchase of additional pairs of complete eyeglasses. Members also can enjoy cost reductions on laser vision correction surgery and conventional contact lenses through EyeMed. This provides savings above and beyond the plan benefits in order to maximize the overall value of the plan without adding to the cost of the program.

TrueView Vision offers coverage toward an annual eye exam, lenses and a frame, lens options such as ultraviolet coating, contact lens fit and follow-up, and contact lenses. Any amounts exceeding the plan allowances are payable by the plan member. There are out-of-network benefits available, so members may choose an out-of-network eye care provider, and benefits will be based on the out-of-network allowances.

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# Reliant Care Management

## Limitations/Exclusions

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*Covered Eye Care Expenses will not include and no benefits will be payable for expenses incurred:*

### **All Plans**

- vision examinations more than the frequency as indicated on the plan summary page.
- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.
- contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens benefit during the twelve month period. When eyeglass lenses are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
- contacts limited to the amount shown on the plan summary page unless they are medically necessary. Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:
  - keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
  - High Ametropia exceeding -10D or +10D in meridian powers.
  - anisometropia of 3 D or more.
  - patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.

If the member is diagnosed with a medically necessary condition, the Provider will submit a request for pre-authorization to EyeMed. The Medical Director reviews all requests for medically necessary contact lenses. If approved, the member will be covered for medically necessary contact lenses up to the plan allowance.

Such payment is limited to once in any twelve month period and is in lieu of lens benefits under this proposal.

- orthoptics or eye care training and any associated testing.
- plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- two pairs of glasses in lieu of bifocals. (Does not apply to Secondary Discounts).
- lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.
- medical and/or surgical treatment of the eye, eyes, or supporting structures.
- services for which a claim is filed more than 1 year after completion of the service.
- for any procedure not listed on the Schedule of Eye Care Services.