



# Vision Benefits



We recognize the importance of great vision every mile you drive. You feel better, look good and have less eye fatigue.

## What you will receive:

- 2 identification cards are included with each membership. These may be used by all your family members.
- A customized provider listing, based on your zip code.
- A benefits plan summary and overview of how much you can save.
- Helpful instructions and handy toll-free customer service phone numbers to help you maximize your savings.

**Save big on all your family's eyewear purchases at *thousands of independent, regional & national chain eyecare centers such as LensCrafters®, Sears Optical, Target Optical and most Pearle Vision Centers.***

- Save up to 40% or more (37% national average) on your choice of frames, lenses, options, and accessories
- Save 20% on conventional contacts
- No limit on the number of times you can use the EyeMed program
- EyeMed's discount Access Plan D program covers the entire family.
- Choose from over 35,000 providers including independent and national/regional chain optical stores
- No claim forms - immediate savings at time of purchase
- PRK and LASIK surgery - All EyeMed members will receive a minimum savings of 15% off usual and customary charges or 5% off promotional rate when using one of the EyeMed laser vision correction providers conveniently located in all regions of the country.



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## Return your enrollment by mail or we can enroll you over the phone.

Enroll me in the *EyeMed* Access D vision care program at the **low annual fee of \$29.95**. **Make all checks payable to Select Benefits. Mail enrollment and payment to PO Box 62507, Cincinnati, OH 45262. Complete all sections.** Your membership information will be delivered to your home address noted below in approximately 3 weeks. Questions: Call 800-613-4841

Check:  Payable to: Select Benefits

Credit Card: Visa       Master Card       American Express

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_

(If applicable) Company: \_\_\_\_\_

Member's Name: \_\_\_\_\_ M/F \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph: (      ) \_\_\_\_\_

