



Clear Vision 100 Discount Vision Plan

BENEFITS

Plan Highlights

Members of the Clear Vision 100 Discount Plan are eligible to receive benefits immediately upon the effective date with unlimited benefits.

The member fees listed are guaranteed to be a 20-40% discount and are offered by a participating Solstice Clear Vision product provider.

This Plan is not insurance. This Plan provides discounts at certain providers for vision services. The plan does not make payments directly to the providers of the vision service. The member is obligated to pay for all vision care services but will receive a discount from those providers who have contracted with the discount plan organization.

Solstice Benefits, Inc.
Post Office Box 19199,
Plantation, FL 33318, 877.760.2247,
a Discount Medical Plan Organization.

The patient/member is ultimately responsible for verification as to the accuracy and appropriateness of all applicable fees.

Members can choose a participating Solstice Clear Vision provider at www.SolsticeBenefits.com or contact Member Services at **877.760.2247** for a printed copy.

Benefit for contacts or frames are a once a year benefit (e.g., if a member chooses frames one year, they can choose contacts the following year).



DISCOUNT PRESCRIPTION PLAN

An added value at no cost to you.

Prescription Drug Benefit:

Now you and your family can access savings on your prescriptions at a network of over 65,000 participating local retail pharmacies or through the mail service pharmacies for home delivery of maintenance (long-term) medicines.

No Limits: Any household member may use the drug discount program any time your prescription is not covered by insurance. There are no restrictions and no limits on how many times you may use your card. Even your pet medication is included!

Save an average of 50%

on generic medication when you order by mail.

Save an average of 20%

on brand and generic medication when visiting a participating pharmacy.

The network includes national chains, local chains and independent pharmacies. You will save money on all types of prescription medications at the time of purchase. Your physician's choice of prescribed medications and your preference for brand or generic prescriptions will always be honored.

This prescription plan is not insurance.
Savings are only available at participating pharmacies.



In-Network Procedures	Member Fee
Eye Exam	\$45
Lenses: <ul style="list-style-type: none">• Standard Single Vision• Standard Bifocal• Standard Trifocal• Standard Progressive• Deluxe Progressive <p>(Includes glass or plastic, dispensing fees and eyeglass case.)</p>	<ul style="list-style-type: none">\$35\$50\$65\$10520% discount
Lens Options	20% discount off of doctors usual fees
Frames	33% discount off of doctors usual fees
Contact Lenses <ul style="list-style-type: none">• Fitting & Evaluation• Contact Lenses• Contact Lens Replacement <p>(Includes care kit, insertion and removal instruction, routine follow-up/6 months)</p>	<ul style="list-style-type: none">20% discount