



EyeMed Vision Care
 Administered by: First American Administrators, Inc.
 4000 Luxottica Place
 Mason, OH 45040



EXPLANATION OF BENEFITS
 *** THIS IS NOT A BILL ***

Subscriber: TODD D. MATTHEWS
Group Name: PAYCHEX PEO CORE PLAN

Date Printed: 04/19/2017

MATTHEWS, TODD D
 5400 26TH ST W APT N237
 BRADENTON, FL 34207-3160



Claim ID: 83702799470
Account Number: 0000000000000000
Provider ID: 204762

Claim Activity for MATTHEWS, TODD D.
Date of Service: 03/25/2017

Type of Service	Submitted Charges	Covered Amount	Discount	Copay	Plan Paid	Total Member Responsibility	Remarks
V2020 FRAMES	78.00	78.00	35.10	0.00	42.90	0.00	
V2103 SPHEROCYLINDER, SINGLE	30.00	20.00	0.00	10.00	20.00	10.00	
	108.00					\$10.00	
You may owe the provider EYEGLASS WORLD						\$10.00	
Payee Name: NATIONAL VISION INC							
Check #: 8761929				Check Date: 04/07/17			

Claim Information: Annual Benefit Limit(s)

Frames: No remaining benefits for the frequency period in which this service was obtained
 Lenses: No remaining benefits for the frequency period in which this service was obtained

EyeMed Vision Care is providing you with this explanation of benefits as a service to our members. If you have questions regarding benefit application, please contact us via the internet at www.eyemedvisioncare.com or by calling 1-866-539-3633.

EYEMED VISION CARE OFFERS

- ☆ Great savings on eye examinations, contact lenses, lens options, and accessories.
- ☆ Your choice of ophthalmologists, optometrists, opticians, and chain retail locations throughout the country.
- ☆ Many providers are open evenings and weekends to accommodate busy lifestyles.
- ☆ Choice of frames available at provider locations.
- ☆ Customer Service Representatives available to answer your questions 7 days a week, including evenings.

Questions about EyeMed Vision Care? Visit our website at www.eyemedvisioncare.com
 Insured by, Fidelity Security Life Insurance Company, Kansas City, Missouri

YOUR RIGHT TO REVIEW THE PLAN'S DETERMINATION

If you are not satisfied with this coverage decision, you are entitled to a review (appeal) of this benefit determination. To obtain a review, you or your authorized representative should submit your request in writing to:

Member Appeals Coordinator
First American Administrators, Inc.
4000 Luxottica Place
Mason, OH 45040

Your request for a review of this adverse benefit determination must be submitted within 180 days of the date of this Explanation of Benefits.

A copy of the specific rule, guideline, or protocol relied upon in the adverse benefit determination will be provided free of charge upon request by you or your authorized representative. You may also review the documents relevant to your claim.

If your plan is governed by ERISA, you may have the right to bring legal action under section 502(a) of ERISA if you do not agree with the final determination on review. You and your plan may have other alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor office and your state insurance regulatory agency.

GLOSSARY OF TERMS

Claim ID: The number used to track the service you have received.

Submitted Charges: Charges submitted by the provider for services rendered.

Covered Amount: Submitted charges less contractual discounts negotiated with the provider.

Discount: Discount on submitted charges negotiated by the payor.

Copay: The amount that the member is required to pay for Covered Services as specified by the plan.

Plan Paid: The amount that is payable to the provider or member for covered services.

Member Responsibility: The amount payable by the member for the submitted charges (includes Copay and charges that exceed the plan benefit).

Remark Code Explanation: The reason why a service was not payable.

Insured by, Fidelity Security Life Insurance Company, Kansas City, Missouri