

Benefit Highlight Sheet

Coverage effective date: October 1, 2026

Heart to Heart International

Welcome to Pacific Life Vision - Eye 360-11

Your Pacific Life Vision Plan powered by EyeMed® provides comprehensive vision benefits with an extensive provider network, contributing to good eye health while reducing out-of-pocket costs. With Pacific Life Vision benefits, you can gain access to smart savings, advanced technology, and quality providers.

Coverage available for:

- Employee Only
- Employee + Spouse
- Employee + Children
- Employee + Family

Eye360: Your Added Member Benefit

Your Eye360 enhanced benefit provides extra savings like a \$0 copay eye exam and an additional \$50 frame allowance when you visit a PLUS provider.

Plan Services

Covered Services	Benefit Frequencies
Exams	Once Every Calendar Year
Diabetic Exam Benefit	Once Every 6 Months
Frames	Once Every Calendar Year
Eyeglass Lenses	Once Every Calendar Year
Contact Lenses	Once Every Calendar Year

Visit www.pacificlife.com/vision to locate a provider near you.



Plan Services (continued)

EXAMS	In-Network PLUS Provider	In-Network	Out-of-Network
Vision exam (includes dilation if necessary)	\$0 copay	\$10 copay	\$35
Retinal Imaging	Up to \$39	Up to \$39	Not covered
Diabetic Exam (if diagnosed with type 1 or type 2 diabetes)			
Medical follow-up	Covered	Covered	\$73
Fundus photography	Covered	Covered	\$61
Extended ophthalmoscopy	Covered	Covered	\$23
Gonioscopy	Covered	Covered	\$23
Scanning Laser	Covered	Covered	\$40
EYEGLASSES			
Frames	\$180 allowance (20% off balance less allowance)	\$130 allowance (20% off balance less allowance)	\$60
Eyeglass Lenses			
Single vision	\$25 copay	\$25 copay	\$40
Bifocal	\$25 copay	\$25 copay	\$50
Trifocal	\$25 copay	\$25 copay	\$80
Lenticular	\$25 copay	\$25 copay	\$80
Standard progressive	\$90 copay	\$90 copay	\$50
Premium progressive tier 1	\$110 copay	\$110 copay	\$50
Premium progressive tier 2	\$120 copay	\$120 copay	\$50
Premium progressive tier 3	\$135 copay	\$135 copay	\$50
Premium progressive tier 4	\$90 copay, 20% off charge less \$120 allowance	\$90 copay, 20% off charge less \$120 allowance	\$50
Lens Options			
Polycarbonate Lenses (under age 19)	Covered	Covered	\$32
Scratch resistant coating	Covered	Covered	\$12
CONTACT LENSES (in lieu of eyeglass lenses)			
Elective (standard contacts)	\$130 allowance	\$130 allowance	\$104
Non-elective contacts	Covered in Full	Covered in Full	\$300
Standard contact lens fit + follow up	Up to \$40	Up to \$40	Not Covered
Premium contact lens fit + follow up	10% discount	10% discount	Not Covered

Large Vision Network

Pacific Life utilizes the EyeMed Insight Vision Network to ensure that you have choices — lots of them. Be it an independent eye doctor, popular retailer, or online option, with the Insight network, you'll get the latest in advanced vision technology. And with one of the largest provider networks in the nation, you'll have the freedom to find one who fits your unique needs.

- You can see any provider but will save more when you go to an in-network provider

Independent Providers

The Insight network makes it easy to find a trusted neighborhood eye doctor.

Retail Providers

With options including LensCrafters®, Pearle Vision®, Target Optical® and many other favorite regional retailers, you can pick the location and hours that work for you.

Shop Online

Staying in-network can also mean using your vision benefits online at:

- [Lenscrafters.com](https://lenscrafters.com)
- [Targetoptical.com](https://targetoptical.com)
- [Ray-ban.com](https://ray-ban.com)
- [Glasses.com](https://glasses.com)
- [Contactsdirect.com](https://contactsdirect.com)
- [Oakley.com](https://oakley.com)



LENSCRAFTERS®



more options available

More Savings for You

Receive additional discounts when you visit an in-network provider including:

- 40% off additional complete pair of prescription eyeglasses
- 15% off additional conventional contact lenses after benefit has been used
- 20% off non-covered items including non-prescription sunglasses
- 15% off retail or 5% off promotional price for LASIK or PRK from U.S. Laser Network ¹
- Additional savings of 20-40% on non-covered lens options at in-network providers including fixed costs such as:
 - UV Treatment - \$15
 - Tint (solid and gradient) - \$15
 - Adult polycarbonate lenses - \$40

- Anti-reflective coating
 - Standard - \$45
 - Tier 1 - \$57
 - Tier 2 - \$68
- Photochromic/transition plastic lenses - \$75

Discounts on hearing care through Amplifon® Hearing Health Care²:

- 64% off hearing aids at thousands of locations nationwide
- 60 day hearing aid trial period with no restocking fees
- free batteries for 2 years with initial purchase

¹ Lasik special pricing is not an insured benefit and may not be combined with any other discounts. Laser vision correction is an elective procedure performed by specially trained providers. Discounts may not be available at all locations.

² Hearing discounts are not an insured benefit and are subject to change.

Search for providers and schedule appointments online: **pacificlifeline.com/vision**

Log in for access to:

- View benefit
- Check claims status
- Access ID cards
- Provider search and schedule an appointment online
- Know before you go – You can estimate your cost ahead of time so there are fewer surprises
- Access exclusive member-only special offers on vision-related products and services that may be used above and beyond your vision benefit

Exclusions and Limitations

Limitations: Fees charged by provider for services other than a covered benefit and any local, state or federal taxes must be paid in full by the member to the provider. Such fees, taxes or materials are not covered under the Policy.

Allowances provide no remaining balance for future use within the same benefit frequency.

Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate.

Exclusions: No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; refraction, when not provided as part of a comprehensive eye examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; occupational safety eyewear; non-prescription sunglasses; plano (non-prescription) lenses; two pair of glasses in lieu of bifocals; services rendered after the date a member ceases to be covered under the Policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the member are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next benefit frequency when vision materials would next become available. Other exclusions may apply, see the Certificate of Coverage for a complete list.

Network:

Network access plan available.

Termination of Coverage: If applicable, child coverage terminates at age 26.

Questions? Give us a call at (855) 810-3301

The Insured has a right to receive, free of charge, a paper copy of the certificate of coverage and any amendments at any time. The Insured can exercise the right to receive a paper copy at no cost to the Insured by calling us at (855) 810-3301.

The information contained in this benefit highlight sheet is a brief summary of coverage benefits, limitations, and exclusions. Complete information is contained in the policy and certificate. In the event of a discrepancy, the policy and certificate control.

If the Policy is part of a Cafeteria Plan sponsored by Your Employer and governed by the requirements of Section 125 of the Internal Revenue Code, the rules of the Cafeteria Plan will supersede any provisions of the Policy which are in conflict with them. Cafeteria Plans are subject to the following restriction: the benefits a member elects during the enrollment period will remain in effect until the next enrollment period. Section 125 allows exception to this rule only in specified situations, including Change in Family Status and commencement or termination of employment.

Vision Policy Form Series PLAVIPOL22 and PLAVICERT22. Form numbers, provisions and availability may vary by state. The state approved form is the governing document. Vision policy forms issued in Idaho include PLAVIPOL22-ID and PLAVICERT22-ID.

Vision insurance plans are underwritten by Pacific Life & Annuity Company (Pacific Life).

Pacific Life refers to Pacific Life Insurance Company and its subsidiary Pacific Life & Annuity Company. Insurance products can be issued in all states, except New York, by Pacific Life Insurance Company and in all states by Pacific Life & Annuity Company. Product/material availability and features may vary by state. Each insurance company is solely responsible for the financial obligations accruing under the products it issues.

The home office for Pacific Life & Annuity Company is located in Phoenix, Arizona. The home office for Pacific Life Insurance Company is located in Omaha, Nebraska.

EyeMed®, LensCrafters®, Pearle Vision®, Target Optical®, and Amplifon® are not affiliated companies of Pacific Life.

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