

# **Community Eye Care Vision**

**Effective Date: July 1, 2016**

The County is pleased to provide you with the following summary of the vision benefit that includes a voluntary (optional) eyewear plan. The eyewear plan enables employees and their family members to significantly reduce their expenditures for glasses and contact lenses. In addition, the County will continue to pay for an annual routine eye examination for all eligible employees and dependents covered by the health plan. Both the annual eye examination and the voluntary eyewear plan are administered by Community Eye Care.

## **EXAM BENEFIT**

- An eye examination every 12 months (\$10 co-pay)
- A contact lens fitting, re-fit or evaluation every 12 months (no co-pay)

Premiums for the exam benefit are 100% employer-paid. There is no cost to \*eligible employees or dependents, other than the applicable co-payment.

\***Eligible** employees and dependents are those currently covered on the County's health plan. Although exam coverage is limited to eligible individuals, the eyewear benefit can be selected by any employee, regardless of eligibility.

## **EYEWEAR PLAN**

- \$150 Annual Allowance for Eyewear every 12 months (\$20 co-pay)

The eyewear allowance is completely flexible. It can be applied to frames, eyeglass lenses, contact lenses, special lens options, or any combination. As long as you select eyewear having a retail price that's less than or equal to your allowance, your only out-of-pocket expense for the eyewear is the \$20 co-pay. If the eyewear you choose is more expensive than \$150, you are eligible for attractive discounts on the overage amount from most network providers: 20% for frames and lenses, and 10% for contact lenses.

Members are also eligible for discounts of up to 15% on LASIK refractive surgery performed by participating providers.

Note that maximum coverage for contact lens examinations is \$100 for fittings and \$80 for annual evaluations. Members are responsible for any charges exceeding these amounts.

## How to Use Your Benefit

- 1) Select a provider from the Community Eye Care provider network.
- 2) Call the provider to make an appointment, and let them know that you have Community Eye Care coverage.
- 3) See the provider and select your eyewear.
- 4) Pay the provider your co-pays, plus any discounted amount that exceeds the \$150 eyewear allowance.

*Note that premiums for the optional Eyewear Plan are handled through payroll deduction.*

To locate a provider in your area, go to **[www.communityeyecare.net](http://www.communityeyecare.net)** and search by any of the following categories:

- county
- doctor's last name
- practice name
- zip code

There are no claims to file when you see an in-network provider. Network providers file claims on your behalf.

Members who obtain exams and eyewear from a non-network provider still receive their full benefit. The member simply submits a claim form to Community Eye Care and is reimbursed for the full cost of their exam (minus the co-pay) and for the cost of their eyewear, up to the amount of the allowance. Note that a claim form can be printed from the member benefit page of the Community Eye Care website. Alternatively, members can contact Community Eye Care to obtain a form.

### **Semi-monthly Rates (24 deductions)**

Employee Only	\$3.70
Employee + One	\$7.21
Employee + Family	\$10.92



### **Customer Service and Claims Administration**

1-888-254-4290 ~ Fax: 704-426-6044

**[www.communityeyecare.net](http://www.communityeyecare.net)**

**2359 Perimeter Pointe Parkway, Suite 150, Charlotte, NC 28208**

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