

Community Eye Care Vision Plan

Effective Date: January 1, 2018

Vision Plan — Comprehensive Plan & Eyewear Plan

Polk County is pleased to provide you with the following summary of the voluntary vision benefit. The plan enables you and your family members to significantly reduce what you spend for routine eye care. The plan covers eye exams, glasses and contact lenses. And because Community Eye Care has a huge network of optometrists (OD), ophthalmologists (MD) and retail optical chains, you have easy access to every type of eye care provider.

The Community Eye Care vision benefit is simple and easy to use. It includes the following:

Comprehensive Plan

- An eye examination every 12 months (\$15 co-pay)
- An eyewear allowance of \$130 (per person) every 12 months (\$0 co-pay)
- A contact lens fitting, re-fit or evaluation every 12 months (\$35 co-pay)

Eyewear Plan

- An eyewear allowance of \$130 (per person) every 12 months (\$15 co-pay)
- A contact lens fitting, re-fit or evaluation every 12 months (\$25 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 co-pay. If the eyewear you choose is more expensive than \$130, 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 \$130 eyewear allowance.

To locate a provider in your area, go to 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, (minus any co-pays). 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)

	<i>Comprehensive Plan</i>	<i>Eyewear Plan</i>
Employee Only	\$4.35	\$3.15
Employee + One	\$8.70	\$6.25
Employee + Family	\$13.48	\$9.48

Customer Service and Claims Administration

1-888-254-4290

Fax: 704-426-6044

www.communityeyecare.net

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