

# OptiCare Vision Plan

OptiCare's extensive provider panels are contracted to provide substantial discounts for optical products and services. No paperwork is required when utilizing in-network providers. Out-of-network benefits are available at reduced benefit levels.

## Member Benefits Include:

- **Frames** any frame up to the retail allowance and if the frame exceeds plan limits, one simply pays the difference less a 20% discount.
- **Lenses** plastic single vision, flat top bifocal, and flat top trifocal lenses are covered in full. Lens upgrades are available at deep discounts.
- **Contact Lenses** In lieu of spectacles, benefits may be used for the fitting, follow-up and/or purchase of contact lenses.
- **LASIK Surgery** 15% off LASIK procedures via **LasikPlus** Vision Centers – [www.lasikplus.com/opticare/opticare.html](http://www.lasikplus.com/opticare/opticare.html) or 866-293-1414.
- **1<sup>st</sup> Pair Discounts** 20% off usual & customary hardware fees over and above plan allowance on first pair of eyeglasses and contacts.
- **2<sup>nd</sup> Pair Discounts** 30% off frames & lenses, 25% off sunglasses & 20% off contact lenses for additional pairs of eyeglasses and contacts.
- **Online Discounts** discounts on contacts, sunglasses and spectacles are available to OptiCare members at <http://opticare.framesdirect.com/>.

*Most providers do not allow insurance to be combined with discounts, specials or other insurance plans.*

| Tier                  | Monthly Rate |
|-----------------------|--------------|
| Employee Only         | \$5.72       |
| Employee + Spouse     | \$8.21       |
| Employee + Child(ren) | \$8.41       |
| Employee + Family     | \$14.88      |

## Utilizing Your Benefits

- Locate a network provider by calling (877) 615-7732 or visiting [www.myvisionplan.com](http://www.myvisionplan.com).
- Make an appointment with an OptiCare provider and provide your OptiCare Member ID.
- The OptiCare network provider takes care of the rest.

## Member Maximum Ophthalmic Lens Add-On Liabilities (per pair)

|                                     |         |
|-------------------------------------|---------|
| Polycarbonate (V2784)               | \$35.00 |
| UV Treatment (V2755)                | \$15.00 |
| Progressive Lens (V2781)            | \$85.00 |
| High Index (V2782, V2783)           | \$50.00 |
| Photochromatic / Transition (V2744) | \$40.00 |
| Scratch Resistance (V2760)          | \$15.00 |
| Anti-Reflective Treatment (V2750)   | \$40.00 |
| Tint (Solid or Gradient) (V2745)    | \$15.00 |

80% of Usual and Customary for miscellaneous add-ons.

## Limitations

Vision Exam and Vision Materials – Fees charged by a provider for services other than Vision Exam or Covered Vision Materials must be paid in full by the Covered Person to the provider. Such fees or materials are not covered under this policy.

## Exclusions

- No benefits will be paid for services or materials connected with or charges arising from orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.
- Medical and/or surgical treatment of the eye(s) or supporting structures.
- Any eye or Vision Examination, or any corrective eye wear, required by an employer as a condition of employment.
- Services provided as a result of Worker's Compensation law, or similar legislation, or required by any governmental agency or program whether Federal, state or subdivisions thereof.
- Plano (non-prescription) lenses, non-prescription sunglasses or two pair of glasses in lieu of bifocals.
- Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit period when vision materials next become available.

## Central Piedmont Community College OptiCare Vision Plan

|                  |  |
|------------------|--|
| Plan Frequencies | Exam every 12 months<br>Lenses every 12 months<br>Frames every 24 months<br>Contacts every 12 months |
|------------------|--|

Copay: Exam \$10.00 / Hardware \$20.00

| Benefits                                   | Network Doctor<br>(after copay) | Non-Network<br>(copays apply) |
|--|---------------------------------|-------------------------------|
| Eye Exam                                   | Paid in full                    | \$38.50                       |
| <b>Lenses (per pair)</b>                   |                                 |                               |
| Single                                     | Paid in full                    | \$37.50                       |
| Bifocal                                    | Paid in full                    | \$55.00                       |
| Trifocal                                   | Paid in full                    | \$90.00                       |
| Lenticular                                 | Paid in full                    | \$90.00                       |
| <b>Contact Lenses (in lieu of glasses)</b> | \$125.00                        | \$87.50                       |
| Standard CL Fitting*                       | Paid in full                    | not covered                   |
| Frame - Retail Value                       | \$125.00                        | \$87.50                       |
| LASIK                                      | 15% off at LasikPlus            | No benefit                    |

\*current wearers of conventional or disposable lenses. Non-standard wearers (new, toric, RGP, & multifocal) pay 80% of U&C less \$75.

## Frequently Asked Questions from OptiCare Vision Plans Members

### GENERAL QUESTIONS

#### **Is it necessary that I give OptiCare Vision Services the name of the provider that I have selected to receive my vision care services?**

No. Unlike some benefit plans, it is not necessary to pre-select your provider or to give OptiCare Vision Services the name of your provider prior to receiving services. You need only to select your provider, make your appointment, and identify yourself to the provider as an OptiCare Vision Plan member.

#### **Can I get my eye examination at one location and the materials at another?**

Yes. However, each provider will need to make a call to OptiCare Vision Plan Member Services to verify your eligibility.

#### **Do I need to obtain authorization prior to receiving services?**

There are no pre-authorization requirements prior to receiving services.

#### **Can I combine my OptiCare insurance with sales offered by the provider?**

Although OptiCare does not disallow this, most providers prohibit the combination of insurance plans with sales or discounts.

#### **What do I do if there are no in-network providers close to me?**

You may select a non-network provider and use your out-of-network benefits. If you wish to nominate a provider to the Panel, call (800) 368-4790 and give the Provider Relations Department representative the name, address and telephone number of the provider you would like to see in the network or you can FAX this information to (252) 451-2182. Your nominated provider will be placed into consideration for panel membership.

#### **Does the OptiCare Vision Plan have a Web Site on the Internet?**

Yes, you will find the OptiCare Vision Plan Web Site at [www.opticarevisionplans.com](http://www.opticarevisionplans.com). Information you will find on the Web site includes your plan design, eligible dependent coverage, instructions on "how to use the plan," current provider location listings, out-of-network claim forms, etc.

### HOW TO USE YOUR IN-NETWORK BENEFITS

#### **Do I need to show an I.D. card to the provider to receive my benefits?**

Your OptiCare Vision Plan ID card identifies you as a member covered by an OptiCare vision plan and identifies the plan under which you are covered. It is recommended that you show the provider your I.D. card. However, you may receive services without the I.D. card. Simply identify yourself as an OptiCare Vision Plan member with proper personal identification, social security number and the name of your employer. The provider will contact OptiCare to verify your eligibility and benefits.

#### **Do my covered dependents need to have I.D. cards?**

No. To use the OptiCare Vision Plan benefits it is not necessary for dependents to have personal I.D. cards. However, for member convenience, OptiCare Vision Services does issue individual personal I.D. cards.

#### **Do I need to bring any forms with me to the provider?**

There are no forms required for in-network services.

#### **Under what situations do I make payment directly to the in-network provider?**

You pay the in-network provider for the following: Your plan co-pay(s); any charges over and above your plan allowance; any service or item that is listed as non-covered by your routine vision plan.

### HOW TO USE YOUR OUT-OF-NETWORK BENEFITS

#### **How do I make use of my benefit when using an out-of-network provider?**

First, see your provider and pay for your examination and/or materials. Second, complete the OptiCare Vision Services Out-of-Network claim form. Remember to sign and date the form. Third, attach the provider's "super bill" (or any other itemized billing or receipt, describing all of the services and materials that were provided to you) to the out-of-network claim form and Mail to: OptiCare Vision Services, Inc., OON, and P.O. Box 7548, Rocky Mount, NC 27804. You will be reimbursed according to the schedule of allowances for out-of-network services (typically 70¢ on the allowance dollar).

#### **Where do I get an Out-of-Network Claim form?**

An Out-of-Network claim form is included in your "member kit" or may be obtained from the OptiCare Vision Plans website: [www.myvisionplan.com](http://www.myvisionplan.com).

#### **Can I use the Out-of-Network form to submit services that I receive from an in-network provider?**

No. In-network providers will submit the claim for you. This form is only to be utilized for services received from an out-of-network provider.

#### **How is my out-of-network benefit reimbursed?**

Exams are reimbursed at up to \$38.50 and frames, ophthalmic lenses, contact lenses and contact lens fitting fees are reimbursed according to the schedule on the first page of this member brochure.