

## VisionCare Plan Overview



## City of Port St. Lucie

VisionCare Plan offers you and your family an outstanding benefit plan that covers all routine eye care, including eye exams and eyeglasses (lenses and frames) or contacts. The plan features:

- In-network and out-of-network benefits
- Enhanced in-network benefits
- National panel of optometrists and ophthalmologists

### Frequently Asked Questions

#### How does the plan work?

The plan is easy to use!

1. Obtain a Benefit Form from CompBenefits by calling the Member Services Department (1-800-865-3676) or visiting online at [www.visioncare.com](http://www.visioncare.com).
2. CompBenefits will send you a personalized Benefit Form that outlines your benefits, along with a list of providers. Then schedule your appointment.
3. Give the Benefit Form to the doctor during your first visit. You'll pay any co-payments at that time.

You have nothing more to do! The doctor provides you with services and bills CompBenefits directly for the balance of your bill.

Since the plan is designed to meet your eye care needs, optional upgrades (like frames costing more than the plan limits, progressive lenses, or contacts that are not medically necessary) will cost extra. However, since all upgrades are on a wholesale basis, your cost will be lower than what you would pay on your own.

#### What are the advantages of using a network provider?

CompBenefits' national network of providers provides you with one-stop shopping. You'll receive eye exams and materials and pay nothing more than your co-payment (cosmetic options will include additional charges).

#### What if I want to see a provider not in your network?

If you prefer, you can visit a non-network doctor. You will pay the doctor's regular charges, and CompBenefits will reimburse you according to the plan's non-network benefit schedule.

#### How can I get more information?

You may contact CompBenefits' Member Services Department with any questions or concerns at 1-800-865-3676, M-F 8am-6pm EST. You may also locate us on the web at [www.mycompbenefits.com](http://www.mycompbenefits.com).

#### Plan Frequencies

Exam every 12 months  
Lenses every 12 months  
Frames every 12 months

#### Co-payment for each member at the time of service

Exam	\$0
Lenses and/or frames	\$0

Maximum Allowances	Network Provider (Up to Plan Limits)	Non-network
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<b>Eye Exam</b>	Paid in full	\$35
<b>Lenses (per pair)</b>		
Single	Paid in full	\$30
Bifocal	Paid in full	\$50
Trifocal	Paid in full	\$60
Lenticular	Paid in full	\$100
<b>Contact Lenses</b>		
Elective (exam & lenses)	\$100**	\$100**
Medically necessary*	Paid in full	\$180
<b>Frame</b>	\$35 wholesale	\$35 retail

#### Lasik

Members receive benefits when services are received from a TLC Truvision network provider with the following preferred rates:

- Silver Package: \$895/eye for Conventional LASIK
- Gold Package: \$1,295/eye for CustomLASIK
- Platinum Package: \$1,895/eye for CustomLASIK plus Bladeless LASIK (using IntraLase technology).

Members will also receive a 10% discount off UCR charges at other preferred LASIK provider locations, and pay no more than \$1,800 per eye for the Conventional LASIK procedure and \$2,300 per eye for CustomLASIK.

\* Medically necessary (prior authorization required) is defined as 1) following cataract surgery w/o intraocular lens; 2) correction of extreme visual acuity problems not correctable with glasses; 3) anisometropia greater than 5.00 diopters and asthenopia or diplopia, with spectacles; 4) Keratoconus; or 5) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life.

\*\*This allowance is paid with the same frequency as lenses, in place of all other benefits.

This schedule shows only a few of the covered procedures. Please see your Benefit Administrator for a complete schedule. This schedule is intended for comparison purposes only. The benefits of each plan will be determined by the contract. For a complete listing of benefits, exclusions, and limitations, please reference your certificate of coverage.