



# Vision Plan

The vision plan gives you and covered family members prepaid eye care when you use a VisionCare Plan (VCP) network doctor. You get a complete yearly eye exam, eyeglass lenses (every 12 months) and frames (every 24 months)—all prepaid. And because of how the plan is structured, you can choose any frame you like. When you stay within the plan's allowances, you pay nothing more.

## How the Plan works

1. Before scheduling an appointment for eye care, look at the list of network doctors in your area by logging onto VisionCare's Web site at [www.compbenefits.com](http://www.compbenefits.com) or by calling the toll-free customer service number at 800-865-3676 or 800-749-5855.
2. Select a doctor from the list and call for an appointment. Identify yourself as a VisionCare Plan member and give your doctor your name, the patient's name, your member number, policy number and name of the City of Coral Springs as the employer. The doctor will schedule your appointment and verify eligibility and benefits before your visit.
3. You'll pay any co-payments and/or the cost of any upgrades at that time. The doctor provides you with a complete eye exam, and when necessary, orders prescribed eyeglasses or contact lenses from a VisionCare Plan approved lab. When your eyeglasses or contacts are ready, the doctor also verifies the frames/lenses accuracy and fits them on you. VisionCare Plan pays the doctor directly for his or her professional services.

## Dual Choice Coverage

The comparison chart on the back of this sheet shows the maximum allowances for services and materials according to whether or not a plan member uses a network doctor.

The amounts shown are maximum benefits. The actual benefit amount the plan will reimburse to a plan member for non-network doctors will be the *least* of the maximum shown in the schedule: the amount actually charged; or the amount a doctor usually charges a private patient.

The availability of services under the non-network reimbursement schedule is subject to the same time limits

and deductibles as those for network services. The plan pays benefits in place of services from a network doctor. (The deductibles do not apply to the elective contact lens allowance if any part of the plan comes under a Section 125 plan.)

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	Network Doctor (up to plan limits)	Non-network Doctor
<b>Eye exam<sup>1</sup></b>	\$10 co-pay	\$45
<b>Lenses (per pair)</b>		
Single	\$15 co-pay	\$30
Bifocal	\$15 co-pay	\$50
Trifocal	\$15 co-pay	\$70
Lenticular	\$15 co-pay	\$100
<b>Contact Lenses</b>		
Elective (exam + lenses)	\$10 co-pay for exam; up to \$120 allowance for lenses	\$10 co-pay, then \$45 for exam; up to \$120 allowance for lenses
Medically necessary <sup>2</sup>	Paid in full	\$150
<b>Frame</b>	\$15 co-pay	\$50

<sup>1</sup> Complete vision exam per Department of Professional Regulation rule 21Q-3.07; one co-pay for lenses and/or frames.

<sup>2</sup> Contact lenses are covered when medically necessary after cataract surgery, or when visual acuity cannot be corrected to 20/70, or due to other medical conditions, with VisionCare Plan approval. This allowance is paid when a prescription change is warranted, and with the same frequency as lenses. The plan pays this allowance in place of all other benefits.

## Out-of-state Services

Network services are available nationwide through more than 20,000 participating doctors. If plan members travel or move to another state, their plan goes with them. They simply request a **List of Member Doctors** for that area along with the benefit form, and (as long as they remain eligible)

receive the same benefits as they would in their home state. This list is available on line at [www.visioncare.com](http://www.visioncare.com) or by calling 800-865-3676 or 800-749-5855.

