

VisionCare Plan Overview Exam Plus with ID Card

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
- Exam Plus means if you prefer contacts you get your exam plus an allowance for contacts in place of lenses and frames.

Frequently Asked Questions

How does the plan work?

The plan is easy to use!

1. Your ID card and a certificate of coverage will be mailed to your employer. The certificate gives detailed information about VisionCare Plan benefits.
2. Present your ID card at the time of your 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 the 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.

Monthly rates for: Irving ISD
Effective date: September 1, 2009

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|---------------------|---------|
| Employee | \$ 7.52 |
| Employee + Spouse | \$15.06 |
| Employee + Children | \$14.32 |
| Employee + Family | \$25.28 |

Group #: VS3458

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|---------------------|--|
| Plan Frequencies | Exam every 12 months Lenses every 12 months Frames every 24 months |
|---------------------|--|

| Co-payment for each member at the time of service | |
|---|--------------|
| Exam Lenses and/or frames | \$10 \$15 |

| Maximum Allowances | Network Provider <small>(after co-payments; up to plan limits)</small> | Non-Network |
|---|---|-------------|
| Eye Exam | Paid in full | \$35 |
| Lenses (per pair) | | |
| Single | Paid in full | \$25 |
| Bifocal | Paid in full | \$40 |
| Trifocal | Paid in full | \$60 |
| Lenticular | Paid in full | \$100 |
| Contact Lenses | | |
| Elective (fitting, follow-up, & lenses) | \$105** | \$105** |
| Medically necessary* | Paid in full | \$210 |
| Frame | \$40 wholesale | \$40 retail |
| Lasik | | |
| Members receive benefits when services are received from a TLC Truvision network provider with the following preferred rates: | | |
| <ul style="list-style-type: none"> • 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 Custom LASIK. | | |

* 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.

**If you prefer contact lenses, the plan provides an allowance for your contacts instead of lenses and frames.

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.

