

**VisionCare Plan Overview**

VisionCare Plan offers you and your family a benefit 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 benefits in-network
- National panel of optometrists and ophthalmologists

Monthly rates for: City of West Palm Beach  
Effective date: 01/01/04

Employee	\$4.48
Employee + Family	\$12.80

**Frequently Asked Questions**

**How does the plan work?**

The plan is easy to use!

1. Obtain a Benefit Form from CompBenefits by calling our Member Services Department (number listed below) or from our website 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 copayments at that time as well.

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?**

Our national network of providers can provide you with one-stop shopping. You get your eye exam and materials with nothing more than your copayment (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. If you do, 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 further questions answered?**

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

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

Copayment for each member at the time of service	
Exam Lenses and/or frames	\$10 included

Maximum Allowances	Network Doctor (After copayments/ Up to plan limits)	Non-network (copayments apply)
<b>Eye Exam</b>	Paid in full	\$35
<b>Lenses (per pair)</b>		
Single	Paid in full	\$25
Bifocal	Paid in full	\$40
Trifocal	Paid in full	\$60
Lenticular	Paid in full	\$100
<b>Contact Lenses</b>		
Elective (exam & lenses)	\$\$100**	\$100**
Medically necessary*	Paid in full	\$210
<b>Frame</b>	\$40 wholesale	\$40 retail
<b>Lasik***</b>	Members will receive a discount if Services are rendered by a TLC Network provider and they will pay no more than \$1800/eye.	No benefit

\* 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.

\*\*\*Plan members must first contact CompBenefits for a list of providers and to receive a Refractive Care ID card.

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 and exclusions and limitations, please reference your certificate of coverage.

**The CompBenefits Family of Companies**

CompDent • CompBenefits Insurance Company  
CompBenefits Company • American Dental Plan of North Carolina, Inc.  
Oral Health Services, Inc. • National Dental Plans, Inc.  
Texas Dental Plans, Inc. • VisionCare, Inc. • VisionCare Plan  
Primary Plus • Ultimate Optical, Inc.