

## City of Venice

**Open your eyes to high-quality vision care!** The average family spends close to **\$600 each year** on routine eye health care. Using CompBenefits' VisionCare Plan, you will receive your routine eye health care with just a small copayment.

CompBenefits' VisionCare Plan provides benefits for covered:

- Eye health examinations
- Frames
- Eyeglass Lenses
- Contact Lenses

Plus you will receive:

- LASIK surgery discount
- Preferred member pricing for other frame and lens options\*

When ordering from one of our network eye doctors, you will also receive in the year of your eye exam:

- A **20% discount** on a second pair of eyeglasses
- A **15% discount** on your contact lens fitting fee

### MONTHLY RATES

Employee only:           \$ 5.92  
Employee + family:     \$16.92

### SERVICE FREQUENCY

Vision exam:   Once every 12 months  
Lenses:        Once every 12 months  
Frame:         Once every 24 months

### COPAYMENTS

Exam:           \$10  
Materials:     \$15

## SAVINGS! SEE THE DIFFERENCE

You can save money two ways with VisionCare. First, the cost of plan services and materials is discounted and prepaid. So **except for any co-payments**, you have **no out-of-pocket expenses** for covered services and supplies when you use one of our network doctors. Second, your coverage costs are deducted from your pay *before* any federal income or FICA taxes are taken out. This makes your taxable wage base lower, so you would pay less tax.

Here's an **example** of how the plan helps you save over the course of a year:

If You Get:	You Pay:	
	VisionCare Doctor	Typical Retail
Eye exam	.00	\$ 85.00
Frame (designer style)	.00	120.00
Lenses: Bifocal	.00	100.00
Option (pink tint #1 or #2)	.00	15.00
Co-payments:		
\$10 exam/\$15 materials	\$ 25.00	.00
Premium (\$5.92 monthly x 12)	+71.04	.00
	96.04	\$ 320.00
Pre-tax savings (assuming 15% tax bracket & 7.65% FICA)	- 16.09	+ .00
Total Cost	\$79.95	\$ 320.00



## YOUR TOTAL SAVINGS THROUGH VISIONCARE: 75% OFF RETAIL

In this example, you would have saved **\$240.05** in vision care costs with VisionCare Plan. Keep in mind, however, that your actual savings will depend on your plan allowances, your actual premium, the doctors and materials you select, and your own tax situation.

\* This is not a schedule of maximum benefits. For example, the plan covers frames based on the manufacturer's *wholesale* price guide. So while the retail price of a covered frame may vary among plan doctors, the *value* of your covered frame stays the same. Typically, the wholesale frame allowance is equivalent to a retail price of \$80-150. You may be required to pay extra only if you choose a frame that exceeds the covered wholesale price.

Maximum Allowances	Participating Doctor (After copayments/ Up to plan limits)	
<b>Eye Exam</b>	Paid in full	<p>* This allowance is paid with the same frequency as lenses, in place of all other benefits.</p> <p>** 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.</p> <p>*** Plan members must first contact CompBenefits for a list of providers and to receive a Refractive Care ID card.</p> <p>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.</p> <p>Out-of-network benefits apply under the VisionCare Plan, but benefits are higher when a participating doctor is utilized.</p> <p>Limitations and Exclusions apply.</p>
<b>Lenses (per pair)</b>		
Single	Paid in full	
Bifocal	Paid in full	
Trifocal	Paid in full	
Lenticular	Paid in full	
<b>Contact Lenses</b>		
Elective (fitting, follow-up & lenses)	\$125*	
Medically necessary**	Paid in full	
<b>Frame</b>	\$45 wholesale	
<b>Lasik***</b>		
<p>Members receive benefits when services are received from a TLC Truvision network provider with the following preferred rates:</p> <ul style="list-style-type: none"> <li>• Silver Package: \$895/eye for Conventional LASIK</li> <li>• Gold Package: \$1,295/eye for CustomLASIK</li> <li>• Platinum Package: \$1,895/eye for CustomLASIK plus Bladeless LASIK (using IntraLase technology).</li> </ul> <p>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.</p>		

## HOW DOES VISIONCARE PLAN WORK?

You can choose a network provider at [www.mycompbenefits.com](http://www.mycompbenefits.com). Depending on your plan, either you or your doctor will download a VisionPass Form from [www.compbenefits.com](http://www.compbenefits.com). You must use the form in the time specified for services\*. Visit your doctor, who will provide you with a comprehensive eye exam and order prescribed eyeglasses or contacts, if necessary.

Pay any copayments as well as any additional expenses for cosmetic items you have chosen. That's the end of your "paperwork". CompBenefits pays the doctor directly for his or her professional services. It's as easy as that!

\* If you do not use your form in the time specified for services, you won't be able to download another until the next time you are eligible for benefits. However, you can request an extension from our Customer Care team at 800-865-3676.

## CAN I GET CONTACTS INSTEAD OF LENSES?

Yes. If you prefer contacts instead of glasses, your vision exam is covered-in-full with your exam co-payment and VisionCare Plan provides a generous allowance of \$125.00 to be applied towards your fitting and follow-up fees as well as materials costs. The Contact Lens allowance in LIEU OF THE LENS / FRAME BENEFIT and is provided with the same frequency as your lens benefit.

## HOW DO I GET FURTHER QUESTIONS ANSWERED?

You may contact CompBenefits Customer Care Department with any questions or concerns at: 1-800-865-3676, Monday – Thursday 8am-8pm; and Friday 8am-6pm EST. or locate us on the web at [www.mycompbenefits.com](http://www.mycompbenefits.com).