

Community Eye Care Vision Plan

PROVIDER SEARCH

To locate a provider in your area, go to

communityeyecare.net

and search by:

- county
- doctor's last name
- practice name
- zip code

CLAIMS

There are no claims to file when you see an in-network provider. Network providers file claims on your behalf. Additionally, most CEC network providers offer discounts on the overage if you exceed your allowance — 20% on glasses and 10% on contact lenses.

Maximum coverage for contact lens exams is \$100 for fittings and \$80 for annual evaluations.

If you see a non-network provider, simply submit a claim form and a receipt to Community Eye Care.

CUSTOMER SUPPORT

Contact CEC's helpful Customer Support Team at **1.888.254.4290** with any questions about benefits or providers.

Union County Government is pleased to announce the addition of a voluntary vision plan to the list of benefits available to our employees. There are two plan options from which you can choose. Offered through Community Eye Care, the plan options are as follows:

150 PLAN

- An eye exam once a year (\$15 co-pay)
- A \$150 allowance for eyewear annually (\$20 co-pay)
- A contact lens fitting, re-fit, or evaluation once a year (\$20 co-pay)

200 PLAN

- An eye exam once a year (\$15 co-pay)
- A \$200 allowance for eyewear annually (\$20 co-pay)
- A contact lens fitting, re-fit, or evaluation once a year (\$20 co-pay)

The allowance can be applied to frames, spectacle lenses, contact lenses, special lens options, or any combination. As long as you select eyewear having a retail price that's less than or equal to your allowance, the only out-of-pocket expense you incur for the eyewear is the \$20 co-pay.

HOW TO USE THE BENEFIT

1. Select a provider from the Community Eye Care provider network.
2. Call the provider to make an appointment, and let them know that you have Community Eye Care coverage.
3. See the doctor and select your eyewear.
4. Your only payments to the provider are your co-pays, plus any discounted amount that exceeds the eyewear allowance.

BI-WEEKLY RATES (26 deductions)

	150 Plan	200 Plan
Employee Only	\$3.65	\$5.31
Employee + One	\$7.07	\$10.25
Employee + Family	\$10.72	\$15.48

