

**This benefit does not require annual re-enrollment.**

# Vision Care

NCFlex offers an excellent Vision Care Plan. The plan is administered by Superior Vision Services (SVS) and underwritten by National Guardian Life Insurance Company. It offers three schedules of benefits — two that provide comprehensive vision care services, including vision examinations, and one that provides benefits for vision care materials but no coverage for vision examinations. You can receive either eyeglasses or contact lenses as a benefit but not both. You have the following vision plan options:

- Plan 1 – Exam and Materials
- Plan 2 – Materials Only
- Plan 3 – Enhanced Exam and Materials

All plans offer in-network and non-network benefits. Using an in-network provider will result in less expense for you. However, it is your choice to make. Remember, you are responsible for paying any charges in excess of your covered benefit. When using a non-network provider, you pay the provider in full and submit an itemized bill to SVS. You will be reimbursed the non-network allowance.

You have a choice of over 1,850 vision providers in the SVS network that includes ophthalmologists, optometrists and optical companies. Providers in the SVS network also include many optical chains and overnight service locations throughout the state. If your vision care provider is not part of the SVS network, you or your provider may contact SVS with the provider's name, address and telephone number to begin the provider nomination process.

## COST

The monthly premium you pay for vision coverage is based on the plan you choose and whether you choose to cover yourself only or yourself and your family.

Cost	Employee Only	Employee and Family
<b>Plan 1</b> ( <i>Exam and Materials</i> )	\$ 6.84	\$ 17.37
<b>Plan 2</b> ( <i>Materials only</i> )	\$ 5.14	\$ 12.72
<b>Plan 3</b> ( <i>Enhanced Exam &amp; Materials</i> )	\$ 9.98	\$ 25.10

## CANCELLATION OF COVERAGE

***If you elect coverage this year and drop coverage the following year, you will have to wait an additional two years ("lock out" period) before you re-enroll in the plan. For example, if you enroll for 2010 and drop coverage for 2011, you cannot participate in the plan until 2013.***

## CHANGING BETWEEN PLANS

***During annual enrollment, you may change between Plan 1 (exam and materials), Plan 2 (materials only) or Plan 3 (enhanced exam and materials) with no penalty. However, any applicable frame allowance frequency or your eyeglass lens and/or contact lens frequency will carry over between the three plans. For example, if in 2009 you purchased frames under Plan 1 and then move to Plan 2 in 2010, you will have to wait 24 months (2011) before purchasing frames again. If you move to Plan 3, your benefits will start on the next 12 month anniversary.***

## REFRACTIVE SURGERY DISCOUNT (ALL PLANS)

Ophthalmology surgeons are being contracted to provide refractive surgery (RK, PRK and LASIK) at a 20% discount off their usual and customary surgical fees. Contact SVS at 1-800-507-3800 for information on this discount.

## COORDINATION WITH THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFSA)

If you do not elect vision coverage, you can still set aside money from your pay on a pre-tax basis and be reimbursed for out-of-pocket vision expenses under the HCFSA. The vision expenses can be for you, your spouse or dependent children. The date you or your covered dependents receive service (incur expenses) must be during the plan year January 1 to December 31. **To participate, you must enroll in the HCFSA each year.**

The Superior Vision Services Plan is underwritten by National Guardian Life Insurance Company.

**SPECIAL ENROLLMENT OPPORTUNITY FOR 2010**



For the 2010 enrollment period, you may enroll in Plan 3 regardless of prior eligibility status. This means if you are currently in your two year “lock out” period, we will allow you to enroll in Plan 3 for coverage beginning January 1, 2010. We also welcome to the NCFlex Vision Plan any employee who is losing coverage for an annual eye examination from the State Health Plan.

The following chart notes which plan you can enroll in for the 2010 plan year, regardless of current plan enrollment or “lock out” status.

	Plan 1	Plan 2	Plan 3
If you are currently enrolled in Plan 1—you can enroll in:		Yes	Yes
If you are currently enrolled in Plan 2—you can enroll in:	Yes		Yes
If you are currently enrolled in Plan 3—you can enroll in:	Yes	Yes	
If you are enrolling in NCFlex Vision Care coverage for the first time, you can enroll in:	Yes	Yes	Yes
If you cancelled NCFlex Vision Care coverage in 2007 or 2008—you can enroll in:			Yes

Benefit frequency anniversary will roll over. If eligible for benefits, there is no waiting period.

**LIST OF PROVIDERS**

For a list of vision care providers, you can call the SVS toll-free number at 1-800-507-3800 or visit [www.ncflex.org](http://www.ncflex.org).

**IMPORTANT NOTE**

***This is only a summary of the benefit plan. You may review and/or obtain a copy of the Certificate of Coverage by visiting [www.ncflex.org](http://www.ncflex.org).***

**USING SVS BENEFITS WITH IN-STORE DISCOUNTS**

SVS recognizes you may take advantage of the in-store promotions or coupons offered by some of our “in-network” providers. Your SVS benefits are not intended for use in conjunction with these types of offers, nor are the providers contractually obligated to provide discounts in addition to the insured benefit. The provider will allow one discount only:

- the discount to the insurance company (SVS); or
- the discount to you (the sale or coupon).

The choice you make is important. If you go through SVS, you become a beneficiary of the stated coverage. If you choose to utilize the sale or coupon, you pay for all charges in full and submit the receipts to SVS. The SVS reimbursement will be based on the “non-network” rates in your policy. The “in-network” status applies only to the provider when you utilize the insurance, not as a “cash” customer. This is why the “non-network” rates are applied to your reimbursement. Please contact SVS at 1-800-507-3800 for more information before making your purchase.

**ELIGIBLE DEPENDENT**

***Eligible dependents include your spouse or unmarried dependent child(ren) up to age 19, or if enrolled as a full-time student, up to age 26. Verification of full-time student status will be required once a year. For more information on dependent eligibility refer to the “Dependent Eligibility” section.***

## SUMMARY OF BENEFITS

	Plan 1 Exam & Materials		Plan 2 Materials Only		Plan 3 Enhanced Exam & Materials	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Vision Exam	\$20 Copay	Up to \$44 Ophthalmologist \$39 Optometrist	N/A	N/A	\$20 Copay	Up to \$44 Ophthalmologist \$39 Optometrist
Contact Lens Exam/ Fitting Copay	\$25 Copay Standard: Covered in Full Specialty: Up to \$50	Not Covered	\$25 Copay Standard: Covered in Full Specialty: Up to \$50	Not Covered	\$25 Copay Standard: Covered in Full Specialty: Up to \$50	Not Covered
Frames	Up to \$100 retail plus 20% discount on overages*	Up to \$50	Up to \$100 retail plus 20% discount on overages*	Up to \$50	Up to \$150 retail plus 20% discount on overages*	Up to \$81
<b>Lenses (Pair)</b>						
Single Vision	Covered in Full	\$34	Covered in Full	\$34	Covered in Full	\$34
Bifocal		\$48		\$48		\$48
Trifocal		\$64		\$64		\$64
Lenticular		\$88		\$88		\$88
<b>Lens Options/Upgrades</b>	<b>In-Network</b>		<b>In-Network</b>		<b>In-Network</b>	
Standard Single Vision Lenses	20% off retail; out of pocket not to exceed:		20% off retail; out of pocket not to exceed:		20% off retail; out of pocket not to exceed:	
Scratch Coat (factory)	\$13		\$13		\$13	
UV Coating	\$15		\$15		\$15	
Standard Anti-Reflective Coat	\$50		\$50		\$50	
High Index 1.6	\$55		\$55		\$55	
Photochromic/Transitions	\$80		\$80		\$80	
Polycarbonate	\$40		\$40		\$40	
<b>Standard Lines Bi &amp; Tri-focal Lenses</b>						
Scratch Coat (factory)	\$13		\$13		\$13	
UV Coating	\$15		\$15		\$15	
Standard Anti-Reflective Coat	\$50		\$50		\$50	
High Index 1.6	20% off retail		20% off retail		20% off retail	
Photochromic/Transitions	20% off retail		20% off retail		20% off retail	
Polycarbonate	20% off retail		20% off retail		20% off retail	
<b>Additional Services available on any lens</b>						
Progressive	20% of difference b/w retail for desired lens and standard, lined, trifocal lens.		20% of difference b/w retail for desired lens and standard, lined, trifocal lens.		20% of difference b/w retail for desired lens and standard, lined, trifocal lens.	
Plastic Tints Solid or Gradient	\$25		\$25		\$25	
Glass coloring	\$35		\$35		\$35	
Power over 4.00 D Sphere, 2.00 D Cylinder & 5.00 d Prism	20% off retail		20% off retail		20% off retail	
Cosmetic Finishing, Beveling, Edging & Mounting	20% off retail		20% off retail		20% off retail	
Miscellaneous Options	20% off retail		20% off retail		20% off retail	
<b>Contact Lenses</b>						
Elective	Up to \$120 retail	\$100	Up to \$120 retail	\$100	Up to \$150 retail	\$100
Medically Necessary	Covered in Full	\$210	Covered in Full	\$210	Covered in Full	\$210
<b>Frequency of Services</b>						
Vision Exam	12 months		12 months		12 months	
Lenses	12 months		12 months		12 months	
Frames	24 months		24 months		12 months	
Contact Lenses	12 months		12 months		12 months	
Lasik Discount	Vary by provider: flat/fixe fee, 20% discount off surgical fees, or 15% discount off total fees.	None	Vary by provider: flat/fixe fee, 20% discount off surgical fees, or 15% discount off total fees.	None	Vary by provider: flat/fixe fee, 20% discount off surgical fees, or 15% discount off total fees.	None
Materials Discount	10% to 30% on 1st pair and additional purchases	None	10% to 30% on 1st pair and additional purchases	None	10% to 30% on 1st pair and additional purchases	None
Anti-Selection	2 year lock out		2 year lock out		2 year lock out	
Contact Lens Formulary	No		No		No	

\*from select Providers

### MATERIALS DISCOUNT FOR COVERED PAIR OF EYEGLASSES\*\*\*

Benefit Description	Discount
<b>Frames</b> <i>(Discounts do not apply when prohibited by manufacturer.)</i>	20% off the difference between the covered frame allowance and the retail prices of the selected frame
<b>Lens Options/Upgrade</b>	
Standard Single Vision Lenses <ul style="list-style-type: none"> <li>• Scratch Coat (factory)*</li> <li>• UV Coat</li> <li>• Standard AR Coat*</li> <li>• High Index 1.6*</li> <li>• Photochromics</li> <li>• Polycarbonate</li> </ul>	20% off retail; your out-of-pocket will not exceed: <ul style="list-style-type: none"> <li>• \$13</li> <li>• \$15</li> <li>• \$50</li> <li>• \$55</li> <li>• \$80</li> <li>• \$40</li> </ul>
Standard Lines Bi & Tri-focal Lenses <ul style="list-style-type: none"> <li>• Scratch Coat (factory)*</li> <li>• UV Coat</li> <li>• Standard AR Coat*</li> <li>• High Index 1.6**</li> <li>• Polycarbonate**</li> <li>• Photochromics**</li> </ul>	20% off retail; your out-of-pocket will not exceed: <ul style="list-style-type: none"> <li>• \$13</li> <li>• \$15</li> <li>• \$50</li> <li>• 20% off retail (with no out-of-pocket limit)</li> <li>• 20% off retail (with no out-of-pocket limit)</li> <li>• 20% off retail (with no out-of-pocket limit)</li> </ul>
Additional Services available on any lens <ul style="list-style-type: none"> <li>• Plastic Tints Solid or Gradient</li> <li>• Glass Coloring</li> <li>• Power over 4.00 D Sphere, 2.00 D Cylinder &amp; 5.00 D Prism</li> <li>• Cosmetic Finishing, Beveling, Edging &amp; Mounting</li> <li>• Miscellaneous Options</li> </ul>	20% off retail; your out-of-pocket will not exceed: <ul style="list-style-type: none"> <li>• \$25</li> <li>• \$35</li> <li>• 20% off retail (with no out-of-pocket limit)</li> <li>• 20% off retail (with no out-of-pocket limit)</li> <li>• 20% off retail (with no out-of-pocket limit)</li> </ul>

\* Higher-end or brand-name lens upgrades are at an additional expense to member.

\*\* An out-of-pocket limit does not apply to these lens upgrades or add ons.

\*\*\* Discounts available from specific providers only.

#### SERVICES AVAILABLE UNDER YOUR INSURED BENEFIT AT ADDITIONAL COST

- no-line bifocal lenses
- progressive power lenses
- slab-off lenses
- polished bevels or faceted lenses
- polycarbonate, polaroid, photochromic lenses
- oversized lenses (larger than 62mm)
- prism lenses
- cosmetic lenses
- tints on lenses (except Rose or Pink #1 or #2)
- scratch coating, UV coating, anti-reflective coating
- frames priced higher than the contracted allowance

#### AVAILABLE DISCOUNTS FOR ADDITIONAL PURCHASES/SERVICES FROM SELECTED IN-NETWORK PROVIDERS

The discount benefit is available under all three plans, and now provides discounts on the covered pair of frames and lenses.

Discounts are available on additional purchases of eyeglasses and contact lenses, ranging from 10% up to 30% off retail prices. Keep in mind this additional materials discount will apply to any subsequent purchases of materials after you make your first insured purchase.