



**Routine Vision Member Benefits Include:**

- **Vision Exam:** Comprehensive eye exam from our network of opticians, optometrists & ophthalmologists at independent and retail locations.
- **Frames:** Any frame up to the retail allowance and if the frame exceeds plan limits, you simply pay the difference less a 20% discount.
- **Lenses:** Plastic single vision, flat top bifocal, and flat top trifocal lenses are covered in full. Lens upgrades are available at a discount.
- **Elective Contact Lenses:** In lieu of eyeglasses, benefits may be used for the fitting, follow-up and/or purchase of contact lenses.
- **Medically Necessary Contact Lenses:** Covered in full, in lieu of eyeglasses.
- **LASIK Surgery:** 15% off LASIK procedures via **LasikPlus** Vision Centers – [www.lasikplus.com/opticare/opticare.html](http://www.lasikplus.com/opticare/opticare.html) or 866-293-1414.
- **1<sup>st</sup> Pair Discounts:** 20% off usual & customary hardware fees over and above plan allowance on first pair of eyeglasses and contacts.
- **2<sup>nd</sup> Pair Discounts:** 30% off frames & lenses, 25% off sunglasses & 20% off contact lenses for second pair of eyeglasses and additional contacts.
- **Online Discounts:** Discounts on contacts, sunglasses and eyeglasses are available to OptiCare members at [www.framesdirect.com](http://www.framesdirect.com).

**Utilizing Your Benefits**

- Locate a network Provider at <http://www.opticare-ehn.com/cfhp/>.
- Make an appointment with a provider and provide your Member ID.
- The network provider takes care of the rest.

Member Maximum Ophthalmic Lens Add-On Liabilities (per pair)	
Polycarbonate (V2784)	\$ 35.00
UV Treatment (V2755)	\$ 15.00
Progressive Lens (V2781)	\$ 85.00
High Index (V2782, V2783)	\$ 50.00
Photochromatic / Transition (V2744)	\$ 40.00
Scratch Resistance (V2760)	\$15.00
Anti-Reflective Treatment (V2750)	\$ 40.00
Tint (Solid or Gradient) (V2745)	\$ 15.00
<b>80% of Usual and Customary for miscellaneous add-ons.</b>	

Community First Health Plans	
<b>Plan Frequencies</b>	Exam every 12 months Lenses every 24 months Frames every 24 months Contacts every 24 months
<b>Copay:</b>	Exam \$20.00 / Hardware \$0.00
<b>Benefits</b>	<b>Network Doctor (after copay)</b>
Eye Exam	Paid in Full
<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>	
Fitting, follow-up & lenses (in lieu of glasses)	\$125.00 allowance
Frame - Retail Value	\$125.00 allowance
LASIK	15% off at LasikPlus

**Limitations**

Vision Exam and Vision Materials – Fees charged by a provider for services other than Vision Exam or Covered Vision Materials must be paid in full by the Covered Person to the Provider. Such fees or materials are not covered under this policy.

**Exclusions**

- No benefits will be paid for services or materials connected with or charges arising from orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.
- Medical and/or surgical treatment of the eye(s) or supporting structures.
- Any eye or Vision Examination, or any corrective eye wear, required by an employer as a condition of employment.
- Services provided as a result of Worker’s Compensation law, or similar legislation, or required by any governmental agency or program whether Federal, state or subdivisions thereof.
- Plano (non-prescription) lenses, non-prescription sunglasses or two pair of glasses in lieu of bifocals.
- Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit period when vision materials next become available.

## Frequently Asked Questions

### GENERAL QUESTIONS

**Is it necessary that I give Community First Health Plans the name of the provider that I have selected to receive my vision care services?**

No. Unlike some benefit plans, it is not necessary to pre-select your provider or to give Community First Health Plans the name of your provider prior to receiving services. You need only to select your provider, make your appointment, and identify yourself to the provider as a Community First Health Plans Commercial member.

**Can I get my eye examination at one location and the materials at another?**

Yes. However, each provider will need to make a call to Customer Relations to verify your eligibility.

**Do I need to obtain authorization prior to receiving services?**

There are no pre-authorization requirements prior to receiving services.

**Can I combine this insurance with sales offered by the provider?**

Although this is not disallowed, most providers prohibit the combination of insurance plans with sales or discounts.

**What do I do if there are no providers close to me?**

Contact Customer Relations at (866) 897-2281. If you wish to nominate a provider to the Panel, give the representative the name, address and telephone number of the provider you would like to see in the network or you can FAX this information to (800) 980-4002. Your nominated provider will be placed into consideration for panel membership.

**Is there a Web Site on the Internet?**

Yes, you will find the Web Site at <http://www.opticare-ehn.com/cfhp/>. Information you will find on the Web site includes your plan design and an up-to-date listing of provider locations.

### HOW TO USE YOUR BENEFITS

**Do I need to show an ID card to the provider to receive my benefits?**

Your Community First Health Plans Commercial ID card identifies you as a member and identifies the plan under which you are covered. It is recommended that you show the provider your ID card. However, you may receive services without the ID card. Simply identify yourself as Community First Health Plans Commercial member with proper personal identification, social security number and the name of your employer. The provider will verify your eligibility and benefits.

**Do my covered dependents need to have ID cards?**

No. To use the benefits it is not necessary for dependents to have personal ID cards. However, for member convenience, an individual personal ID card is issued to each covered member.

**Do I need to bring any forms with me to the provider?**

There are no forms required for services.

**Under what situations do I make payment directly to the provider?**

You pay the provider for the following: Your plan co-pay; any charges over and above your plan allowance; any ophthalmic lens add-ons; any service or item that is listed as non-covered by your routine vision plan.



**COMMUNITY FIRST**  
HEALTH PLANS

Administered by OptiCare Managed Vision  
<http://www.opticare-ehn.com/cfhp/>  
OptiCare Customer Relations: (866) 897-2281  
Community First Health Plans Member Services: (800) 434-2347