



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. 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 or (866) 293-1414.
- **1st Pair Discounts:** 20% off usual & customary hardware fees over and above plan allowance on first pair of eyeglasses and contacts.
- **2nd Pair Discounts:** 30% off frames and lenses for a second pair of eyeglasses, 25% off sunglasses for a second pair of eyeglasses, & 20% off additional contact lenses.
- **Online Discounts:** Discounts on contacts, sunglasses, and eyeglasses are available to OptiCare members at 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
80% of Usual and Customary for miscellaneous add-ons.	

Community First Health Plans	
Plan Frequencies	Exam every 12 months Lenses every 24 months Frames every 24 months Contacts every 24 months
Copay:	Exam \$40.00 / Hardware \$0.00
<u>Benefits</u>	<u>Network Doctor (after copayment)</u>
Eye Exam	Paid in Full
<u>Lenses (per pair)</u>	
Single	Paid in Full
Bifocal	Paid in Full
Trifocal	Paid in Full
Lenticular	Paid in Full
<u>Contact Lenses</u>	
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.

Administered by OptiCare Managed Vision
<http://www.opticare-ehn.com/cfhp/>
 OptiCare Customer Relations: (866) 897-2281
 Community First Health Plans Member Services: (877) 698-7032

Frequently Asked Questions

GENERAL QUESTIONS

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

No. Unlike some benefit plans, it is not necessary to preselect 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 as a Community First Health Plans Commercial member to the provider.

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 preauthorization 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 an OptiCare website?

Yes, you will find the website at <http://www.opticare-ehn.com/cfhp/>. Information you will find on the website 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. We recommend 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 Community First Health Plans ID card is issued to each covered member.

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

No forms are required for services.

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

You pay the provider for the following: Your plan copayment; 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.



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