

# OptiCare Vision Plan – Mitchell Community College – Hardware Only

Welcome to the OptiCare Vision Plan! OptiCare's extensive provider panels are contracted to provide substantial savings for optical products and services.

## Getting Started:

- Find a network provider by calling (800) 368-4790 or visiting [www.opticare.com](http://www.opticare.com)
- Make an appointment with an OptiCare provider and provide your OptiCare Member ID.
- The OptiCare network provider takes care of the rest! No paperwork required.

## Member Benefits Include:

- Frames
- Lenses
- Contact Lenses

## Extra Discounts and Savings\*:

- **LASIK Surgery**  
15% off LASIK procedures via LasikPlus Vision Centers [www.lasikplus.com/opticare/opticare.html](http://www.lasikplus.com/opticare/opticare.html)
- **1<sup>st</sup> Pair Discounts** - 20% off fees over the plan allowance on first pair of eyeglasses and contacts.
- **2<sup>nd</sup> Pair Discounts** - 30% off frames & lenses and 25% off sunglasses
- **Additional Discounts** - 20% off contact lenses and additional pairs of eyeglasses beyond the second pair.
- **Online Eyewear Discounts**  
30 - 70 % off MSRP for name brand sunglasses, prescription eyeglasses and all commercially available soft contact lenses via <http://opticare.onlineopticalstore.com>.

\* Most providers do not allow insurance to be combined with discounts, specials or other insurance plans.

Tier	Monthly Rate*
Employee Only	\$6.49
Employee + 1	\$9.41
Employee + Family	\$16.87

Plan Frequencies	Lenses every 12 months Frames every 24 months Contacts every 12 months
Copay	Hardware \$20.00

Benefit	Network Doctor (after copay)	Non-Network (copays apply)
Eye Exam	Not covered	Not covered
Frames – Retail Value	\$150.00	\$105.00
Lenses (per pair)		
Single	Paid in full	\$37.50
Bifocal	Paid in full	\$55.00
Trifocal	Paid in full	\$90.00
Lenticular	Paid in full	\$90.00
Contact Lenses (in lieu of glasses)		
Lenses	\$125.00	\$87.50
Contact Lens Fitting**	Paid in full	\$26.60
Medically Necessary Contacts	Paid in full	\$210.00

In-Network Member Max Ophthalmic Lens Add-On Liabilities***	
Anti-Reflective Treatment (V2750)	\$40.00
High Index (V2782, V2783)	\$50.00
Photochromatic / Transition (V2744)	\$40.00
Polycarbonate (V2784)	\$35.00
Progressive Lens (V2781)	\$85.00
Scratch Resistance (V2760)	\$15.00
Tint (Solid or Gradient) (V2745)	\$15.00
UV Treatment (V2755)	\$15.00

\*Includes Affordable Care Act taxes that may be adjusted each year to include fees payable under the ACA and any future additional tax, fee, or assessment imposed by the Federal or State governments.

\*\*current wearers of disposable, daily wear or extended wear lenses. For specialty fits (new wearers, toric, RGP, multifocal, etc.), the member is responsible for any charges over \$75, less a 20% discount.

\*\*\*per pair; sum of individual items determines add-on out-of-pocket

OptiCare Vision Plan | P.O. Box 7548 | Rocky Mount, NC 27804

Phone: 800.368.4790 | Fax: 877.940.9251 | [sales@opticare.net](mailto:sales@opticare.net)

Underwritten by Fidelity Security Life Insurance Company, Kansas City, MO 64111

This plan is governed by M-9059; VC-45. Date 03/2013



The base premium rate is subject to modification based upon any change in benefits, policyholder contributions, number of eligible employees, information provided by the applicant on the application, governmental action or change in law or regulation, any of which, individually or in combination, may affect the Insurer's risk in underwriting this coverage.

# Frequently Asked Questions from OptiCare Vision Plan Members

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## GENERAL QUESTIONS

### ***Is it necessary that I give OptiCare 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 OptiCare 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 an OptiCare Vision Plan member.

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

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

### ***What do I do if there are no in-network providers close to me?***

You may select a non-network provider and use your out-of-network benefits. If you wish to nominate a provider to the Panel, call (800) 368-4790 and give the Provider Relations Department 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.

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## HOW TO USE YOUR IN-NETWORK BENEFITS

### ***Do my covered dependents need to have I.D. cards?***

No. To use the OptiCare benefits it is not necessary for dependents to have personal I.D. cards. However, for member convenience, OptiCare does issue individual personal I.D. cards.

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

There are no forms required for in-network services.

### ***Do I need to show an I.D. card to the provider to receive my benefits?***

Your OptiCare Vision Plan ID card identifies you as a member covered by an OptiCare vision plan and identifies the plan under which you are covered. It is recommended that you show the provider your I.D. card. However, you may receive services without the I.D. card. Simply identify yourself as an OptiCare member with proper personal identification, social security number and the name of your employer.

### ***Under what situations do I make payment directly to the in-network provider?***

You pay the in-network provider for the following: Your plan co-pay(s); any charges over and above your plan allowance; any service or item that is listed as non-covered by your routine vision plan.

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## HOW TO USE YOUR OUT-OF-NETWORK BENEFITS

### ***How do I make use of my benefit when using an out-of-network provider?***

First, see your provider and pay for your examination and/or materials. Second, complete the OptiCare Out-of-Network claim form ([www.opticare.com](http://www.opticare.com)). Remember to sign and date the form. Third, attach the provider's "super bill" (or any other itemized billing or receipt, describing all of the services and materials that were provided to you) to the out-of-network claim form and Mail to: OptiCare, OON, P.O. Box 7548, Rocky Mount, NC 27804. You will be reimbursed according to the schedule of allowances for out-of-network services (typically 70¢ on the allowance dollar).

### ***Can I use the Out-of-Network form to submit services that I receive from an in-network provider?***

No. In-network providers will submit the claim for you. This form is only to be utilized for services received from an out-of-network provider.

### ***How is my out-of-network benefit reimbursed?***

Exams are reimbursed at up to \$38.50 and frames, ophthalmic lenses, contact lenses and contact lens fitting fees are reimbursed according to the schedule on the first page of this member brochure.

### ***Where do I get an Out-of-Network Claim form?***

An Out-of-Network claim form is included in your "member kit" or may be obtained from the OptiCare Vision Plans website: [www.opticare.com](http://www.opticare.com).

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## HOW TO GET DISCOUNTS ON EYEWEAR

### ***How do I order discounted sunglasses, eyeglasses and contact lenses?***

Go directly to <http://opticare.onlineopticalstore.com>

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