

Community Eye Care's vision plans are unique among routine vision benefits. Their simplicity, affordability, and network access make them the preferred choice of employees and benefits managers alike.

Two of our most popular plans are outlined below. In addition, Community Eye Care will be pleased to customize quotes based on specific requests.



Marketed by:



800-GROUP-US  
FAX: 336-547-9400  
www.groupus.com

## ECONOMY PLAN

- An eye exam once a year (\$15 co-pay)
- A \$130 allowance for eyewear every 12 months (\$15 co-pay)
- A standard contact lens fitting for new fits or re-fits, as needed (\$15 co-pay)

## DELUXE PLAN

- An eye exam once a year (\$15 co-pay)
- A \$150 allowance for eyewear every 12 months (\$0 co-pay)
- A standard contact lens fitting for new fits or re-fits, as needed (\$15 co-pay)

## EYEWEAR ALLOWANCE

Under each of the above plan options, the eyewear allowance is completely flexible. It can be applied to frames, spectacle lenses, contact lenses, special lens options, or any combination.

Frames	UV protection
Single-vision lenses	High-index lenses
Standard bifocal lenses	Photochromic lenses (transitions)
No-line bifocals	Scratch-resistant coating
Trifocals	Anti-reflective coating
Progressive lenses	Tints
Disposable contact lenses	Oversize lenses
Gas-permeable contact lenses	Polaroid lenses
Toric contact lenses	Faceted lenses
Contact lens solutions	Polished beveled lenses
Prescription sunglasses	Slab-off lenses
Polycarbonate (shatterproof lenses)	Prisms

## PROVIDER SEARCH

To locate a provider, go to our website at [communityeyecare.net](http://communityeyecare.net) and search by:

- county,
- doctor's last name,
- practice name, or
- zip code.

## NO CLAIM FORMS

There are no claim forms to file. Member pays only the applicable co-payment(s), plus any amount exceeding the allowance. In-network providers handle claims.

## CUSTOMER SUPPORT

Contact our helpful Customer Support Team at [1.888.254.4290](tel:18882544290) with any questions about benefits or providers.

	ECONOMY PLAN		DELUXE PLAN	
	<u>Bi-Weekly</u>	<u>Monthly</u>	<u>Bi-Weekly</u>	<u>Monthly</u>
Employee Only	\$3.65	\$7.91	\$4.95	\$10.73
Employee + One	\$7.10	\$15.38	\$9.45	\$20.48
Employee + Family	\$11.35	\$24.59	\$14.40	\$31.20

## PROVIDER NETWORK

Community Eye Care's commitment to quality is reflected in its panel of providers. Both optometrists and ophthalmologists participate, and geographic coverage is excellent in both rural and metropolitan areas. Selected retail optical chains also participate.

## FUNDING

The voluntary vision plans administered by Community Eye Care (CEC) are employee-paid, with fees handled through payroll deduction. Once per month, CEC sends each employer an invoice based on the number of participating employees and the applicable plan. Many employer clients opt to place the CEC vision benefit under their Section 125 Plan so that employees can enjoy a pre-tax advantage.

## PARTICIPATION

Note that CEC has no minimum requirement for employer size and no minimum level of participation within each employer group.

- Rates are guaranteed for 3 years.
- Members receive a 15% discount on LASIK from participating providers.
- Reimbursement for out-of-network exams is \$40.
- For out-of-network purchases of eyewear, members are reimbursed 60% of the retail price, up to a maximum of \$78 (Economy Plan) or \$90 (Deluxe Plan).