

**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 two schedules of benefits — one that provides 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 – Exams and Materials
- Plan 2 – Materials Only

Both plans offer in-network and non-network benefits. Using an in-network provider will result in less expense for you. However, it's 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 1,700 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
Plan 1 (Exams and Materials)	\$ 7.98	\$ 20.24
Plan 2 (Materials only)	\$ 5.64	\$ 13.98

## CANCELLATION OF COVERAGE

**There is no waiting period for first-time enrollees. If you elect coverage this year and drop coverage the following year, you will have to wait an additional two years before you re-enroll in the plan. For example, if you enroll for 2008 and drop coverage for 2009, you cannot participate in the plan until 2011.**

## CHANGING BETWEEN PLANS 1 & 2

**During annual enrollment, you may change between Plan 1 (exam and materials) and Plan 2 (materials only) with no waiting period or penalties. However, your frame allowance frequency of 24 months and your eyeglass lens and/or contact lens frequency of 12 months will carry over between the two plans. For example, if in 2007 you purchased frames under Plan 1, and then move to Plan 2 in 2008, you will have to wait 24 months (2009) before purchasing frames again.**

**You may not change plans mid-year due to a qualified life event.**

## REFRACTIVE SURGERY DISCOUNT (PLANS 1 & 2)

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 – December 31. **To participate, you must enroll in the HCFSA each year.**

## COORDINATION WITH THE STATE HEALTH PLAN PPO OPTION

The NCFlex Vision Care Plan does not coordinate benefits with the State Health Plan PPO option. If you are enrolled in the PPO medical option and wish to enroll in the Vision Care Plan, you will want to consider the vision care needs of you and your family, premiums, out-of-pocket expenses and provider networks. If you have questions about the benefits, you may contact SVS at 1-800-507-3800.

Effective July 1, 2008 the State Indemnity Health Plan will no longer be available. Any change to your 2008 NCFlex vision coverage must be made during this annual enrollment period. There will not be another "special enrollment" opportunity to make plan changes. Please review your NCFlex vision plan coverage carefully.

## 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).

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

**PLAN 1 — INCLUDES EXAMINATIONS**

This is a full-service plan, which covers examinations and materials.

Service	Coverage Frequency		
Comprehensive exam	Once every 12 months		
Eyeglass lenses	Once every 12 months		
Contact lenses	Once every 12 months		
Eyeglass frames	Once every 24 months		
Service	In-Network	Non-Network	
Comprehensive exam by an ophthalmologist	Covered in full after \$20 copayment	Up to \$24	
Comprehensive exam by an optometrist	Covered in full after \$20 copayment	Up to \$19	
Eyeglass lenses (standard) per pair			
• Single vision	• Covered in full	• Up to \$34	
• Bifocal	• Covered in full	• Up to \$48	
• Trifocal	• Covered in full	• Up to \$64	
• Lenticular	• Covered in full	• Up to \$88	
Contact lenses (allowance in lieu of eyeglass lenses and frames)			
Note: Fitting fee can be included in the allowance.			
• Medically necessary	• Covered in full	• Up to \$210	
• Elective (instead of eyeglasses)	• Up to \$120 retail	• Up to \$100	
Eyeglass frames (one)	Up to \$100 retail	Up to \$50	

**PLAN 2 — DOES NOT INCLUDE EXAMINATIONS**

This is a basic materials plan, which covers eyewear or contact lenses, but not examinations.

Service	Coverage Frequency		
Eyeglass lenses	Once every 12 months		
Contact lenses	Once every 12 months		
Eyeglass frames	Once every 24 months		
Service	In-Network	Non-Network	
Eyeglass lenses (standard) per pair			
• Single vision	• Covered in full	• Up to \$34	
• Bifocal	• Covered in full	• Up to \$48	
• Trifocal	• Covered in full	• Up to \$64	
• Lenticular	• Covered in full	• Up to \$88	
Contact lenses (allowance in lieu of eyeglass lenses and frames)			
Note: Fitting fee can be included in the allowance.			
• Medically necessary	• Covered in full	• Up to \$210	
• Elective (instead of eyeglasses)	• Up to \$120 retail	• Up to \$100	
Eyeglass frames (one)	Up to \$100 retail	Up to \$50	

**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 "2008 Dependent Eligibility" section.*

**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).*

## AVAILABLE DISCOUNTS FROM SELECTED IN-NETWORK PROVIDERS

The discount benefit is available under both Plan 1 and Plan 2, 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.

## 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	20% off retail; your out-of-pocket will not exceed:
• Scratch Coat (factory)*	• \$13
• UV Coat	• \$15
• Standard AR Coat*	• \$50
• High Index 1.6**	• \$55
• Photochromics	• \$80
• Polycarbonate	• \$40
Standard Lines Bi & Tri-focal Lenses	20% off retail; your out-of-pocket will not exceed:
• Scratch Coat (factory)*	• \$13
• UV Coat	• \$15
• Standard AR Coat*	• \$50
• High Index 1.6**	• 20% off retail (with no out-of-pocket limit)
• Polycarbonate**	• 20% off retail (with no out-of-pocket limit)
• Photochromics**	• 20% off retail (with no out-of-pocket limit)
Additional Services available on any lens	20% off retail; your out-of-pocket will not exceed:
• Plastic Tints Solid or Gradient	• \$25
• Glass Coloring	• \$35
• Power over 4.00 D Sphere, 2.00 D Cylinder & 5.00 D Prism	• 20% off retail (with no out-of-pocket limit)
• Cosmetic Finishing, Beveling, Edging & Mounting	• 20% off retail (with no out-of-pocket limit)
• Miscellaneous Options	• 20% off retail (with no out-of-pocket limit)

\* 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.

## 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.

## 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