

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 three schedules of benefits — two that provide 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 – Exam and Materials
- Plan 2 – Materials Only
- Plan 3 – Enhanced Exam and Materials

All plans offer in-network and non-network benefits. Using an in-network provider will result in less expense for you. However, it is 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 1,800 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 (Exam and Materials)	\$ 6.84	\$ 17.37
Plan 2 (Materials only)	\$ 5.14	\$ 12.72
Plan 3 (Enhanced Exam & Materials)	\$ 9.98	\$ 25.10

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 2009 and drop coverage for 2010, you cannot participate in the plan until 2012.

CHANGING BETWEEN PLANS

During annual enrollment, you may change between Plan 1 (exam and materials), Plan 2 (materials only) or Plan 3 (enhanced exam and materials) with no waiting period or penalty. However, any applicable frame allowance frequency or your eyeglass lens and/or contact lens frequency will carry over between the three plans. For example, if in 2008 you purchased frames under Plan 1 and then move to Plan 2 in 2009, you will have to wait 24 months (2010) before purchasing frames again. If you move to Plan 3, your benefits will start on the next 12 month anniversary.

REFRACTIVE SURGERY DISCOUNT (ALL PLANS)

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.

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.

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.

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



SUMMARY OF BENEFITS



	Plan 1 Exam & Materials		Plan 2 Materials Only		Plan 3 Enhanced Exam & Materials	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Vision Exam	\$20 Copay	Up to \$44 Ophthalmologist \$39 Optometrist	N/A	N/A	\$20 Copay	Up to \$44 Ophthalmologist \$39 Optometrist
Contact Lens Exam/ Fitting Copay	\$25 Copay Standard: Covered in Full Specialty: Up to \$50	Not Covered	\$25 Copay Standard: Covered in Full Specialty: Up to \$50	Not Covered	\$25 Copay Standard: Covered in Full Specialty: Up to \$50	Not Covered
Frames	Up to \$100 retail plus 20% discount on overages*	Up to \$50	Up to \$100 retail plus 20% discount on overages*	Up to \$50	Up to \$150 retail plus 20% discount on overages*	Up to \$81
Lenses (Pair)						
Single Vision	Covered in Full	\$34	Covered in Full	\$34	Covered in Full	\$34
Bifocal		\$48		\$48		
Trifocal		\$64		\$64		
Lenticular		\$88		\$88		
Lens Options/Upgrades						
	In-Network		In-Network		In-Network	
Standard Single Vision Lenses	20% off retail; out of pocket not to exceed:		20% off retail; out of pocket not to exceed:		20% off retail; out of pocket not to exceed:	
Scratch Coat (factory)	\$13		\$13		\$13	
UV Coating	\$15		\$15		\$15	
Standard Anti-Reflective Coat	\$50		\$50		\$50	
High Index 1.6	\$55		\$55		\$55	
Photochromic/Transitions	\$80		\$80		\$80	
Polycarbonate	\$40		\$40		\$40	
Standard Lines Bi & Tri-focal Lenses						
Scratch Coat (factory)	\$13		\$13		\$13	
UV Coating	\$15		\$15		\$15	
Standard Anti-Reflective Coat	\$50		\$50		\$50	
High Index 1.6	20% off retail		20% off retail		20% off retail	
Photochromic/Transitions	20% off retail		20% off retail		20% off retail	
Polycarbonate	20% off retail		20% off retail		20% off retail	
Additional Services available on any lens						
Progressive	20% of difference b/w retail for desired lens and standard, lined, trifocal lens.		20% of difference b/w retail for desired lens and standard, lined, trifocal lens.		20% of difference b/w retail for desired lens and standard, lined, trifocal lens.	
Plastic Tints Solid or Gradient	\$25		\$25		\$25	
Glass coloring	\$35		\$35		\$35	
Power over 4.00 D Sphere, 2.00 D Cylinder & 5.00 d Prism	20% off retail		20% off retail		20% off retail	
Cosmetic Finishing, Beveling, Edging & Mounting	20% off retail		20% off retail		20% off retail	
Miscellaneous Options	20% off retail		20% off retail		20% off retail	
Contact Lenses						
Elective	Up to \$120 retail	\$100	Up to \$120 retail	\$100	Up to \$150 retail	\$100
Medically Necessary	Covered in Full	\$210	Covered in Full	\$210	Covered in Full	\$210
Frequency of Services						
Vision Exam	12 months		12 months		12 months	
Lenses	12 months		12 months		12 months	
Frames	24 months		24 months		12 months	
Contact Lenses	12 months		12 months		12 months	
Lasik Discount	Vary by provider: flat/fixd fee, 20% discount off surgical fees, or 15% discount off total fees.	None	Vary by provider: flat/fixd fee, 20% discount off surgical fees, or 15% discount off total fees.	None	Vary by provider: flat/fixd fee, 20% discount off surgical fees, or 15% discount off total fees.	None
Materials Discount	10% to 30% on 1st pair and additional purchases	None	10% to 30% on 1st pair and additional purchases	None	10% to 30% on 1st pair and additional purchases	None
Anti-Selection	2 year lock out		2 year lock out		2 year lock out	
Contact Lens Formulary	No		No		No	

*from select Providers

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 “2009 Dependent Eligibility” section.

AVAILABLE DISCOUNTS FROM SELECTED IN-NETWORK PROVIDERS

The discount benefit is available under all three plans, 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
Frames (<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
Lens Options/Upgrade	
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