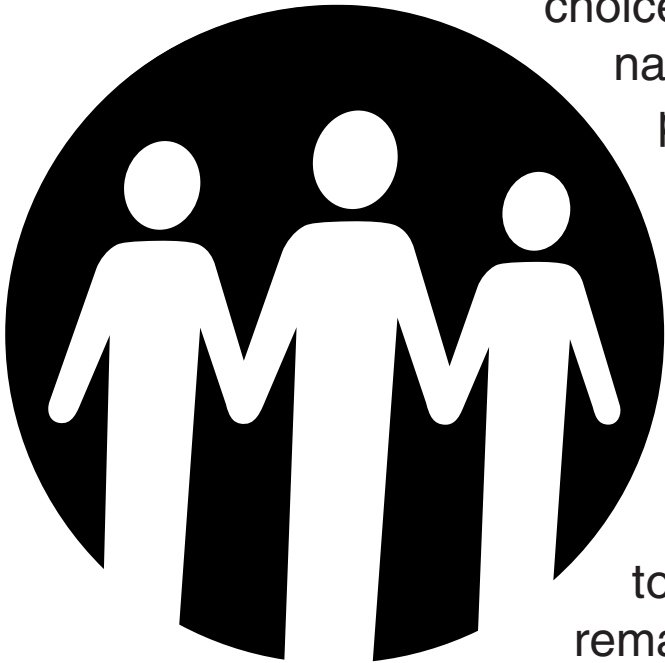


# About CompBenefits



**C**ompBenefits, the dental and vision plan of choice for more than 5 million members nationwide, offers a portfolio of affordable products built on 25 years of service and stability. Since 1978, CompBenefits has maintained its commitment to meeting others' needs with local focus, exceptional customer support and an unparalleled network of providers. Throughout its history, CompBenefits has grown to meet customer and provider expectations and remains committed to its leadership role in the dental and vision benefits industry.

## CompBenefits Family of Companies

CompBenefits  
CompBenefits Company  
CompBenefits Insurance Company  
CompBenefits Dental, Inc.  
CompBenefits of Alabama, Inc.  
American Dental Plan of North Carolina, Inc.  
American Dental Providers of Arkansas, Inc.  
National Dental Plans, Inc.  
American Dental Plan of Georgia, Inc.  
Texas Dental Plans, Inc.  
Ultimate Optical, Inc.  
VisionCare Plan  
Primary Plus

## COUNTY OF DUPAGE

**Open your eyes to high-quality vision care!** The average family spends close to **\$600 each year** on routine eye health care. Using CompBenefits' VisionCare Plan, you will receive your routine eye health care with just a small copayment.

CompBenefits' **VisionCare** Plan provides benefits for covered:

- **Eye health examinations**
- **Frames**
- **Eyeglass Lenses**
- **Contact Lenses**

Plus you will receive:

- **LASIK surgery discount**
- **Preferred member pricing for other frame and lens options\***

When ordering from one of our network eye doctors, you will also receive in the year of your eye exam:

- A **20% discount** on a second pair of eyeglasses
- A **15% discount** on your contact lens fitting fee

### MONTHLY RATES

**Employee only:**           \$ 5.74  
**Employee + family:**   \$13.70

### SERVICE FREQUENCY

**Vision exam:**   Once every **12** months  
**Lenses:**        Once every **12** months  
**Frame:**         Once every **24** months

### COPAYMENTS

**Exam:**            **\$10**  
**Materials:**      **\$15**

## SAVINGS! SEE THE DIFFERENCE

You can save money two ways with VisionCare. First, the cost of plan services and materials is discounted and prepaid. So **except for any co-payments**, you have **no out-of-pocket expenses** for covered services and supplies when you use one of our network doctors. Second, your coverage costs are deducted from your pay *before* any federal income or FICA taxes are taken out. This makes your taxable wage base lower, so you would pay less tax.

Here's an **example** of how the plan helps you save over the course of a year:

If You Get:	You Pay:	
	VisionCare Doctor	Typical Retail
Eye exam	.00	\$ 65.00
Frame (designer style)	.00	120.00
Lenses: Single Vision	.00	50.00
Co-payments: \$10 exam/\$15 materials	\$ 25.00	.00
Premium (\$5.74 monthly x 12)	+ 68.88	.00
	\$ 93.88	\$235.00
Pre-tax savings (assuming 18% tax bracket & 7.65% FICA)	- 17.67	+ .00
<b>Total Cost</b>	<b>\$ 76.21</b>	<b>\$235.00</b>



## YOUR TOTAL SAVINGS THROUGH VISIONCARE: 68% OFF RETAIL

In this example, you would have saved **\$158.79** in vision care costs with VisionCare Plan. Keep in mind, however, that your actual savings will depend on your plan allowances, your actual premium, the doctors and materials you select, and your own tax situation.

\* This is not a schedule of maximum benefits. For example, the plan covers frames based on the manufacturer's *wholesale* price guide. So while the retail price of a covered frame may vary among plan doctors, the *value* of your covered frame stays the same. Typically, the wholesale frame allowance is equivalent to a retail price of \$80-150. You may be required to pay extra only if you choose a frame that exceeds the covered wholesale price.

Maximum Allowances	Participating Doctor (After copayments/ Up to plan limits)
--------------------	--

<b>Eye Exam</b>	Paid in full
<b>Lenses</b> (per pair)	
Single	Paid in full
Bifocal	Paid in full
Trifocal	Paid in full
Lenticular	Paid in full
<b>Contact Lenses</b>	
Elective (fitting, follow-up & lenses)	\$105**
Medically necessary*	Paid in full
<b>Frame</b>	\$40 wholesale
<b>Lasik***</b>	We have contracted with many of the finest LASIK facilities and eye doctors to offer this procedure at substantially reduced fees. The network of LASIK centers features all TLC Laser Center (TLC Vision) facilities as well as many of the leading independent centers in the country.
Discount Only	

\* Medically necessary (prior authorization required) is defined as 1) following cataract surgery w/o intraocular lens; 2) correction of extreme visual acuity problems not correctable with glasses; 3) anisometropia greater than 5.00 diopters and asthenopia or diplopia, with spectacles; 4) Keratoconus; or 5) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life.

\*\* If you prefer contact lenses, the plan provides an allowance for your contacts instead of lenses and frames.

\*\*\* Plan members must first contact CompBenefits for a list of providers and to receive a Refractive Care ID card.

This schedule shows only a few of the covered procedures. Please see your Benefit Administrator for a complete schedule. This schedule is intended for comparison purposes only. The benefits of each plan will be determined by the contract. For a complete listing of benefits and exclusions and limitations, please reference your certificate of coverage.

Out-of-network benefits apply under the VisionCare Plan, but benefits are higher when a participating doctor is utilized.

Limitations and Exclusions apply.

## HOW DOES VISIONCARE PLAN WORK?

Your plan brochure tells you about your benefits, and you can choose a network provider at [www.compbenefits.com/custom/countyofdupage](http://www.compbenefits.com/custom/countyofdupage). Depending on your plan, either you or your doctor will download a VisionPass Form from our website. You must use the form in the time specified for services\*. Visit your doctor, who will provide you with a comprehensive eye exam and order prescribed eyeglasses or contacts, if necessary.

Pay any copayments as well as any additional expenses for cosmetic items you have chosen. That's the end of your "paperwork". CompBenefits pays the doctor directly for his or her professional services. It's as easy as that!

\* If you do not use your form in the time specified for services, you won't be able to download another until the next time you are eligible for benefits. However, you can request an extension from our Member Services team at 800-749-5855.

## CAN I GET CONTACTS INSTEAD OF LENSES?

Yes. If you prefer contacts instead of glasses, your vision **exam is covered-in-full** with your exam co-payment and VisionCare Plan provides a generous **allowance of \$105.00** to be applied towards your fitting and follow-up fees as well as materials costs. The Contact Lens allowance is in LIEU OF THE LENS / FRAME BENEFIT and is provided with the same frequency as your lens benefit.

## HOW DO I GET FURTHER QUESTIONS ANSWERED?

You may contact CompBenefits Member Services Department with any questions or concerns at: 1-800-749-5855, Monday – Thursday 8am-8pm; and Friday 8am-6pm EST. or locate us on the web at: [www.compbenefits.com/custom/countyofdupage](http://www.compbenefits.com/custom/countyofdupage).



# VISION PROVIDERS DUPAGE COUNTY

The providers listed in this brochure were participating with the plan at the time of printing. Please check with the doctor of your choice or call our Member Services department at 1-800-749-5855 when making your appointment to make certain he or she is currently a member doctor. You may also visit our website at [www.compbenefits.com/custom/countyofdupage](http://www.compbenefits.com/custom/countyofdupage) for a nationwide listing of providers.

You must receive services from one of our participating providers in order to receive full benefits (as outlined in your vision care booklet). If you receive service from a provider who does not participate in the plan, you will receive reimbursement according to the non-panel reimbursement schedule established by your group.

## DUPAGE

### Addison

Schwartz, OD, Lenard  
1250 W Lake St  
60101 (312)225-5135

### Bensenville

Riley, OD, Melanie A.  
117 W Main St  
60106 (630)860-5066

Skowron, OD, Mark L.  
117 W Main St  
60106 (630)860-5066

### Bloomingdale

Epstein, OD, Peter J.  
152 S Bloomingdale Rd Ste 102  
60108 (630)980-4446

### Carol Stream

Magee, OD, Lawrence M.  
926 W Army Trail Rd  
60188 (630)372-9501

### Darien

Havilla, OD, Ernest G.  
7912 S Cass Ave  
60561 (630)964-4444

Mueller, OD, Peter F.  
7511 Lemont Rd Ste 194  
60561 (630)985-2202

Richardson, OD, Robert R.  
7516 S Cass Ave  
60561 (630)968-9440

### Downers Grove

Afryl, OD, Glenn E.  
145 Ogden Ave  
60515 (630)971-2020

Chiaromonti, OD, Nicholas A.  
145 Ogden Ave  
60515 (630)971-2020

Dyqola, OD, Shawn A.  
145 Ogden Ave  
60515 (630)971-2020

Hardesty, OD, Leonard B.  
3800 Highland Ave Ste 300  
60515 (630)960-0456

Jairam, OD, Srinivas  
2017 75th St  
60517 (630)427-1000

Robert, OD, Todd A.  
3800 Highland Ave Ste 300  
60515 (630)960-0456

Weil, OD, Linda S.  
3800 Highland Ave Ste 300  
60515 (630)960-0456

Whitty, OD, Daniel C.  
145 Ogden Ave  
60515 (630)971-2020

### Elmhurst

Carr, OD, Thomas J.  
370 N York St  
60126 (630)834-6244

Greenfield, OD, Jeffrey S.  
210 N York Rd  
60126 (630)834-7710

Riley, OD, Melanie A.  
370 N York St  
60126 (630)834-6244

Skowron, OD, Mark L.  
370 N York St  
60126 (630)834-6244

### Glen Ellyn

Foreman, OD, Paul A.  
534 Crescent Blvd  
60137 (630)469-2418

Mevers, OD, Cheryl S.  
440 N Main St  
60137 (630)469-4141

Mevers, OD, Jeffrey D.  
440 N Main St  
60137 (630)469-4141

Sikorski, OD, Martin J.  
440 N Main St  
60137 (630)469-4141

Stack, OD, Catherine M.  
534 Crescent Blvd  
60137 (630)469-2418

Whitty, OD, Daniel C.  
698 Roosevelt Rd  
60137 (630)545-2020

## Glendale Heights

Blinstrup, OD, Michael J.  
2172 Bloomingdale Rd  
60139 (630)980-9095

Nuccio, OD, Richard  
2172 Bloomingdale Rd  
60139 (630)980-9095

Tran, OD, Christianna A.  
1581 Bloomingdale Rd Ste B  
60139 (630)681-9892

## Hinsdale

Armstrong-Lieberman, OD, Natal  
18 W 1st St  
60521 (630)323-1100

Grenier, OD, Paul J.  
18 W 1st St  
60521 (630)323-1100

Krone, OD, Robert L.  
18 W 1st St  
60521 (630)323-1100

Lieberman, OD, Daniel A.  
18 W 1st St  
60521 (630)323-1100

Miller, OD, Christopher T.  
18 W 1st St  
60521 (630)323-1100

Pham, OD, Camthu M.  
18 W 1st St  
60521 (630)323-1100

Roitstein, OD, Carrie B.  
18 W 1st St  
60521 (630)323-1100

## Lisle

Yu, OD, Josephine  
3060 Ogden Ave  
60532 (630)355-0789

## Lombard

Brand, OD, William B.  
320 W Roosevelt Rd  
60148 (630)629-5367

## Naperville

Adlfinger, OD, Deann L.  
705 E Ogden Ave  
60563 (630)778-2020

Bechtold, OD, James R.  
1261 S Naper Blvd  
60540 (630)369-8098

Chiaromonti, OD, Nicholas A.  
705 E Ogden Ave  
60563 (630)778-2020

Dryier, OD, Lisa A.  
1261 S Naper Blvd  
60540 (630)369-8098

Judycki, OD, Richard C.  
1261 S Naper Blvd  
60540 (630)369-8098

Kesler, OD, Stacey L.  
1261 S Naper Blvd  
60540 (630)369-8098

Khakoo-Khan, OD, Zeinur N.  
705 E Ogden Ave  
60563 (630)778-2020

Kukla, OD, Kevin L.  
1261 S Naper Blvd  
60540 (630)369-8098

Marzec, OD, Anna  
1261 S Naper Blvd  
60540 (630)369-8098

McArdle, OD, George J.  
1852 Bay Scott Cir Ste 112  
60540 (630)355-1531

Owens, OD, Kristopher M.  
705 E Ogden Ave  
60563 (630)778-2020

Sesso, OD, Patrick B.  
1261 S Naper Blvd  
60540 (630)369-8098

Spevacek, OD, Lisa B.  
1261 S Naper Blvd  
60540 (630)369-8098

Steinmetz, OD, Stephen P.  
1000 E Ogden Ave  
60563 (630)355-9080

Warnick, OD, Paul E.  
1261 S Naper Blvd  
60540 (630)369-8098

Whitty, OD, Daniel C.  
705 E Ogden Ave  
60563 (630)778-2020

Willenbring, OD, Michelle R.  
1261 S Naper Blvd  
60540 (630)369-8098

Wu, OD, Sandra Betty  
1261 S Naper Blvd  
60540 (630)369-8098

## Oak Brook

Franceschini, OD, Joseph A.  
120 Oakbrook Ctr Ste 400  
60523 (630)571-0399

## Roselle

Langner, OD, Kristen A.  
46 E Irving Park Rd  
60172 (630)529-0993

## Villa Park

Butzon, OD, Steve P.  
619 W North Ave  
60181 (630)279-8866

Masterson, OD, Gary J.  
270 W North Ave  
60181 (630)993-9060

Romm, OD, Victor  
351 W North Ave  
60181 (630)834-8487

## Westmont

Judycki, OD, Richard C.  
409 W Ogden Ave  
60559 (630)964-9800

## Wheaton

Brace, OD, Arthur W.  
115 Danada Sq E  
60187 (630)668-0378

Burch, OD, Christian G.  
115 Danada Sq E  
60187 (630)668-0378

## Wood Dale

Butzon, OD, Steve P.  
311 N Walnut Ave Ste 120  
60191 (630)766-3763

## Woodridge

Prentice, OD, Leo  
7451 Woodward Ave Ste 101  
60517 (630)663-9112

# CompBenefits Insurance Company

## VisionCare Plan

### 2-Tier Enrollment Card

VisionCare Plan	CompBenefits Insurance Company																														
VisionCare Plan Enrollment Card (Please print or type)	Effective date of coverage: ___/___/___ Date of employment: ___/___/___																														
Employer: <u>County of DuPage</u>	Division: _____ Group #: <u>57246</u>																														
You _____ Last Name                      First Name                      MI	Social Security # ___/___/___ Date of birth: ___/___/___																														
_____ Address                      City                      State                      Zip	Sex: <input type="checkbox"/> F <input type="checkbox"/> M    Status: <input type="checkbox"/> Single <input type="checkbox"/> Married																														
Your Family: Are you enrolling dependents in the VisionCare Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Are the same dependents covered under your employee medical plan? <input type="checkbox"/> Yes <input type="checkbox"/> No  Please list the full name, sex, and date of birth of each family member to be covered by this plan:																															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 20%;">Last Name</th> <th style="width: 20%;">First Name</th> <th style="width: 10%;">MI</th> <th style="width: 10%;">Sex</th> <th style="width: 25%;">Date of Birth (mo/day/year)</th> </tr> </thead> <tbody> <tr> <td>Your Spouse:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> F    <input type="checkbox"/> M</td> <td>___/___/___</td> </tr> <tr> <td>Your Child(ren):</td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> F    <input type="checkbox"/> M</td> <td>___/___/___</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> F    <input type="checkbox"/> M</td> <td>___/___/___</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> F    <input type="checkbox"/> M</td> <td>___/___/___</td> </tr> </tbody> </table>		Last Name	First Name	MI	Sex	Date of Birth (mo/day/year)	Your Spouse:	_____	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M	___/___/___	Your Child(ren):	_____	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M	___/___/___		_____	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M	___/___/___		_____	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M	___/___/___	
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I authorize VisionCare Plan payroll deductions (per month or per pay period) for:  <div style="text-align: center;"> <input type="checkbox"/> Employee Only: \$ <u>5.74</u>                      or                      <input type="checkbox"/> Employee + Family: \$ <u>13.70</u> </div>																															
I agree to stay in the VisionCare Plan for the entire enrollment period, assuming I stay employed with this employer. I understand that future rates for 12-month renewals of this plan will be negotiated between my employer and CompBenefits Insurance Company. I hereby consent, personally and on behalf of any family members enrolled, to the unrestricted release of my/our vision records maintained by participating providers to CompBenefits Insurance Company for, but not limited to, claims verification and quality assessment review, and to any other participating providers who may be or become involved in my/our vision care.																															
Date: _____	Signed: _____																														
PLEASE NOTE: Any person who knowingly, with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.																															