



metro nashville public schools VS4895

Plan Overview

CompBenefits offers you and your family an outstanding benefit plan that covers all routine eye care, including eye exams and eyeglasses (lenses and frames) or contacts. The plan features:

- In-network and out-of-network benefits
- Exam Plus means if you prefer contacts you get your exam plus an allowance for contacts in place of lenses and frames.

Please go to www.mycompbenefits.com to see a list of participating Providers

<i>Maximum Allowances</i>	<i>Network Provider (after co-payments; up to plan limits)</i>	<i>Non-network (co-payments apply)</i>
Copayments	Exam \$10.00 / Lenses and/or frames \$10.00	
Exam - Once every 12 months	Paid in full	\$45
Lenses (per pair) - Every 24 months		
Single	Paid in full	\$40
Bifocal	Paid in full	\$55
Trifocal	Paid in full	\$70
Lenticular	Paid in full	\$100
Contact Lenses		
Elective-every 24 months (fitting, follow-up & lenses)	\$120*	\$120*
Medically necessary - every 24 months	**Paid in full	\$210
Frame - Every 24 months	***\$100 retail	\$50 retail
Lasik****	Members will receive a discount if Services are rendered by a TLC Network provider and they will pay no more than \$1800/eye.	No benefit

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

**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.

***The frame allowance is \$40 wholesale. Assuming a 2.5 times provider mark-up, your retail allowance would be \$100. While the retail prices may vary among different providers, your wholesale allowance guarantees you access to more than 19,000 currently manufactured frames without any extra out of pocket expense.

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

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, exclusions, and limitations, please reference your certificate of coverage.

Frequently Asked Questions

How does the plan work?

The plan is easy to use!

Your ID card will be mailed to your home.

Present your I.D. card at the time of your visit. You will pay any copayments at that time.

You have nothing more to do! The doctor provides you with services and bills CompBenefits directly for the balance of your bill.

What is my frame allowance?

With CompBenefits, a members' frame allowance is based on stable wholesale pricing rather than retail pricing, which can fluctuate significantly from location to location. Your frame allowance is \$40 wholesale. Assuming a 2.5 times provider mark-up, your retail allowance would be \$100.00. While the retail prices may vary among different providers, your wholesale allowance guarantees you access to more than 19,000 currently manufactured frames without any extra out-of-pocket expense.

How are options and/or upgrades covered?

The plan is designed to meet your eye care needs, optional upgrades (like frames costing more than the plan limits, progressive lenses, or contacts that are not medically necessary) will cost extra. However, since all upgrades are on a wholesale basis, your cost will be lower than you would pay on your own.

How are elective contact lenses covered?

The plan provides a \$120.00 contact lenses allowance that is applied to the cost of the lenses, fitting, and materials.

What are the advantages of using a network provider?

Our national network of providers provides you with one-stop shopping. You get your eye exam and materials with nothing more than your copayment (cosmetic options will include additional charges).

What if I want to see a provider not in your network?

If you prefer, you can visit a non-network doctor. If you do, you will pay the doctor's regular charges and CompBenefits will reimburse you according to the plan's non-network benefit schedule.

How can I get further questions answered?

You may contact the CompBenefits Member Services Department with any questions or concerns at 1-866-416-4369, M-F 8am – 6pm EST.