ASSOCIATED CREDIT UNION
ALSO SERVING MEMBERS OF CSRA CU

Associated Credit Union Members

HUMANA. Specialty Benefits

NEW! Group Voluntary Vision Coverage

Vision care services	See a participating provider	See a nonparticipating provider
Exam with dilation as necessary	100% after $10 copay	$40 allowance
Lenses		
• Single vision	100% after $15 copay	$33 allowance
• Bifocal	100% after $15 copay	$50 allowance
• Trifocal	100% after $15 copay	$65 allowance
Frames (see example below)	$45 wholesale frame allowance	$57 retail allowance
Contact lenses (in lieu of frames & lenses)		
• Elective (conventional and disposable)[1]	$150 Contact lens allowance	$150 Contact lens allowance
• Medically necessary	100%	$280 allowance
Frequency (based on date of service)		
• Examination	Once every 12 months	
• Lenses or contact lenses	Once every 12 months	
• Frame	Once every 24 months	
Exam/material copay	$10 / $15	
Wholesale frame allowance	$90-$135 approximate retail value	

Lasik and PRK procedures

Members receive substantial reductions when procedures are done by network providers.
Members can expect to pay no more than $1,800 per eye for conventional Lasik procedures and $2,300 per eye for custom Lasik, or they can use designated TLC Vision Lasik Advantage Centers that have the following fixed prices:

• Conventional Lasik	$895 per eye
• Custom Lasik	$1,295 per eye
• Custom Lasik with IntraLase	$1,895 per eye

Example of how the wholesale frame allowance works?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. They never pay full retail. They would still owe $15 copay.

Retail price[3]	Wholesale price	Wholesale allowance	Member pays	Savings
$90 – $135	$45	$45	$0	$90 – $135
$150 – $225	$75	$45	$60 ($75-$45=$30x2=$60)	$90 – $165

[1] The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15% discount on professional services. The discount for professional services is available for 12 months after the covered eye exam.
[3] Retail costs may differ and are based on two to three times the wholesale cost. Actual savings may vary.

Monthly Rates

Member only	**$7.44**	**Member + child(ren)**	**$14.12**
Member + spouse	**$14.88**	**Family**	**$23.24**

- Members receive additional fixed copayments on lens options including anti-reflective and scratch-resistant coatings.
- Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam, and is available through the VCP network provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents under age 19.

Vision products insured by Humana Insurance Company or CompBenefits Insurance Company

How does the plan work?

The plan is easy to use!

- Present your ID card at the time of your visit. You'll pay any co-payments at that time.
- Search for providers at www.compbenefits.com - Provider/Search - Select VisionCare Plan Network

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

Since 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 what you would pay on your own.

What are the advantages of using a network provider?

Humana Specialty Benefits national network of providers provides you with one-stop shopping. You'll receive eye exams and materials and pay nothing more than your co-payment (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. You will pay the doctor's regular charges, and Humana Specialty Benefits will reimburse you according to the plan's non-network benefit schedule.

How can I get more information?

You may contact the Member Services Department with any questions or concerns at 1-800-865-3676, M-F 8am-6pm EST (provide them with group # VS 80 93) or visit us on the web at www.compbenefits.com . You may also contact A A LaRocco & Associates at 770-441-2712.

Enrollment Instructions

- Complete the application. (Be sure to list all Family Members to be included).
- Return the completed application by the 15th of the month to become effective by the 1st of the following month. Deductions from you account will be made in accordance with the procedures established and communicated by CompBenefits.
- Send Applications to: A A LaRocco & Associates 5880 Live Oak Pkwy, Ste 230, Norcross, GA 30093 or send via secure fax to 877-243-5699.

Please complete the following information:			
Social Security #	Last Name	First	Birth Date
Home Phone	Home Address	City, State, Zip	Sex **M** ☐ **F** ☐

List All of your eligible dependents that are to be covered:			
First Last		Sex	Birth Date
Member:		**M** ☐ **F** ☐	/ /
Spouse:		**M** ☐ **F** ☐	/ /
Child:		**M** ☐ **F** ☐	/ /
Child:		**M** ☐ **F** ☐	/ /
Child:		**M** ☐ **F** ☐	/ /
Child:		**M** ☐ **F** ☐	/ /

Effective Date:	Group Number **VS8093**	Premium Amount	Amount Paid	Agent Code **0204222GA**

Authorization for Deduction — Signature required — Automatic deduction is the only option for payment

Name _____
(Last) (First) (MI)

Social Security No. _____

I authorize **ASSOCIATED CREDIT UNION**_____
(Employer, Financial, or other organization)

To make a monthly deduction of $_____ from: My Checking, Savings Account No._____
check one: ( ) checking ( ) savings

I hereby authorize CompBenefits to deduct monthly and future renewal period(s) my portion of such subscription fee from any funds due me. I understand that enrollments are by group contract and/or my subscription fee is subject to change on the anniversary/renewal date of the Group. I hereby represent to the carrier that all information furnished by me hereon is true and complete to the best of my knowledge. I hereby consent, personally and on behalf of any family member enrolled, to the unrestricted release of my/our dental records maintained by participating dentists to CompBenefits for, but no limited to, verification and quality assessment review, and to any other participating dentist who may be or become involved in my/our dental care.