



The Optix Vision Plan provides access to independent eyecare professionals (optometrists and ophthalmologists) who are committed to providing quality vision care.

The Plan offers a Preferred Panel or Indemnity (Non-Panel) benefit. The Panel Plan offers a network of providers that service your eye care needs with only a modest co-payment as shown in the Schedule of Benefits. The Non-Panel Plan allows you to select any licensed Non-Panel provider and reimburses a fixed dollar amount based on the schedule shown for the Non-Panel Plan. The chart below indicates the benefits the plan pays for the services you receive.

As part of your benefits package, you are entitled to receive a \$25 wholesale allowance in addition to the select group of frames. This will cover approximately 6,000 frames, including designer frames, on **a paid in full basis**. Under the contact lens benefit[†], fitting and follow up will be covered in the \$10 co-payment, allowing the full \$100 allowance to be used for contact lens materials. Furthermore, you can save an additional 20 percent off your second pair of frames. The Optix Vision Plan also offers many other advantages such as LASIK/PRK discounts, a contact lens replacement program, out-of-network benefits and other provider discounts. Please review your schedule of benefits for further details.

[†] Contact lenses are in lieu of glasses.

Schedule of Benefits

COVERED SERVICES*	PANEL	NON-PANEL REIMBURSEMENT
One-Time Co-Payment (Applies to frames and/or lenses, contact lens fitting and follow up)	\$10	N/A
Vision Exam (once every plan year)	Paid in full	up to \$40
Single Lenses (once every plan year)	**Paid in full	up to \$40
Bifocal Lenses (once every plan year)	**Paid in full	up to \$50
Trifocal Lenses (once every plan year)	**Paid in full	up to \$60
Frames		
From Select Group	Paid in full	N/A
From Non-Select Group	up to \$25 wholesale	up to \$40
Frequency	once a year	every 2 years
Contact lenses		
Elected by Insured	***Paid in full or up to \$100 allowance	up to \$100
Medically Necessary	***Paid in full or up to \$175 allowance	up to \$175
Mail Order Contact Replacement	20% provider discount	

OPTIONAL SERVICES AT ADDITIONAL COSTS (for Panel Plan only)

	You Pay	You Pay
Solid Tint	\$12	N/A
Gradient Tint	\$12	N/A
Ultra Violet Filter	\$20	N/A
Scratch Resistance Coating	\$20	N/A
Anti-Reflection Coating	\$60	N/A
Glass PGX		
Single Vision	\$35	N/A
Multifocal	\$45	N/A

* During any plan year, you may elect either the frames and/or lenses covered service or the contact lenses allowance, but not both.

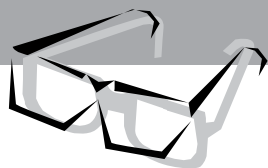
** Single vision, bifocal (flat top 25) or trifocal (7x 25) are paid in full. At the provider's option, lenses can be made at either the doctor's office lab or sent to a participating lab.

*** Limited to a select group of daily wear contacts (Ocular Science Edge III thin, Cooper Silver 07); extended wear (Ocular Science Z4, Ciba Softcon EW); or disposable (two boxes only of Softlens 66, Seequance 11/Optima EW, Plyform Private label OSI).



Any co-payment or out-of-pocket cost may be reimbursed through your MFS

See Page 38 for a partial list of eligible expenses or call FBMC Customer Service at 1-800-342-8017.



Notes on the Optix Vision Panel Plan:

1. The eye exam, contact lenses (new or replacement), and lenses are provided once every plan year regardless of prescription change. Frames are provided once a year.
2. Your out-of-pocket cost for the service rendered is paid by you upon receipt of services. Oversize lenses, tinted lenses, sunglasses, and nonstandard and photochromatic lenses may be purchased with an additional charge. Contact lenses are in lieu of frames and lenses.
3. Certain therapeutic and diagnostic procedures are available to the participants of Optix on a co-payment basis. There is no annual deductible with this plan.

How to use the Optix Vision Panel Plan Benefits:

Using a Panel Eye Doctor

1. A list of participating optometrists and ophthalmologists is on the following pages. Benefits listed are valid at all participating eye doctors.
2. Identification cards are not needed. Your eligibility for service is verified by identifying yourself as an Optix Panel Plan participant when you make an appointment with a participating eye doctor.
3. The eye doctor's office will handle all claim forms.

To access the provider directory, log on to www.dadeschools.net or you may contact the provider directly. Please refer to page 2 for contact information.

Your rates are listed below:

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	10-month	11-month	12-month
Employee	\$5.27	\$4.31	\$3.95
Employee & Family	\$12.64	\$10.34	\$9.48
Family Only	\$7.37	\$6.03	\$5.53

Notes on the Optix Vision Non-Panel Plan:

1. You are responsible for payment of the entire fee. There will be a one-time reimbursement by the Optix vision care Non-Panel Plan up to the amounts listed on the previous page.
2. The vision exam is provided once every plan year, with a maximum \$40 reimbursement.
3. Lenses are provided once every plan year, if needed, as determined by your optometrist or ophthalmologist.
4. Frames are provided every two years, if needed. Frames are limited to a maximum \$40 benefit.
5. Contact lenses will be provided once every plan year under the plan, if needed, as determined by your optometrist or ophthalmologist. Payment will be made for only one pair of lenses, either single, bifocal, trifocal, or contacts during a plan year. No frame or lens benefits are available during the plan year that contact lenses are elected.

How to use Optix Vision Non-Panel Plan Benefits:

1. Optix Non-Panel Plan vision benefits are valid at any non-panel licensed ophthalmologist, optometrist or optician.
2. Vision claim forms are available at your worksite or will be provided upon request by calling **Fringe Benefits Management Company at 1-800-342-8017, Monday-Friday, 7 a.m.-10 p.m ET.**

 **Any co-pay or out-of-pocket cost may be reimbursed through your Medical Expense FSA. See Page 37 for a partial list of eligible expenses or call FBMC Customer Service at 1-800-342-8017.**



Can you explain the new wholesale allowance in greater detail?

Employees now have two ways to get frames covered under their Optix vision plan. They may continue to choose from the select group of frames that are covered in full under their co-payment or they may choose a frame that is not part of the select group. If a frame is going to be purchased that is not part of the select group, you will receive an allowance of \$25 toward the wholesale cost of the frame through your Participating Provider. The \$25 wholesale allowance will purchase, in full, (minus your co-payment) frames with an average retail cost of \$50 to \$75. Approximately 6,000 frames manufactured today fall under the \$25 wholesale frame allowance. If you select a frame that exceeds the \$25 wholesale allowance, you will only be responsible for paying two times the wholesale difference of the cost of the frame and your applicable co-payment.

For example, if the frame you select has a wholesale cost of \$35, you will pay an additional \$20 (two times the wholesale difference of \$10) to purchase the upgraded frame. The new wholesale frame allowance benefit could save you more than 60 percent over the old plan, if you choose a frame that is not part of the select group.

What services and materials does the plan exclude?

- Cosmetic contact lenses.
- Medical or surgical treatment of the eyes.
- Any services or material under Preferred Panel when the plan procedures are not followed.
- Services and materials for orthoptics or vision training, subnormal vision aids, aniseikonic lenses, two pair of glasses in lieu of bifocals, and nonprescription glasses.
- Lost or broken lens replacement or repair, unless it is time for your annual exam.
- Any services and material that Workers' Compensation, another plan or a government agency provides.
- Any employer-required exam as a condition for employment.

Who is an eligible dependent for this coverage?

Eligible dependents covered under this plan include:

- Spouse/Domestic Partner
- Unmarried children under age 19
- Children (including children of a Domestic Partner, as long as the Domestic Partner is also covered) will be covered under this plan until the end of the calendar year in which he/she reaches age 25 provided the child is a full-time or part-time student or is residing in an eligible employee's home. Coverage for eligible children will also extended beyond age 19 if the child is incapable of self-care due to a mental or physical handicap and is predominantly dependent upon the covered employee for support and maintenance.

How to select Optix Vision Plan benefits:

1. You may cover yourself by selecting the "Employee Only" benefit.
2. You may cover yourself and your eligible dependent(s) by selecting the "Employee and Family" benefit.
3. You may select "Family Only" if your coverage is included in a Flex Plan Option.

Plan Provider:

This plan is offered by Vision Care, Inc., through its parent company CompBenefits Corporation.

Upon request, Vision Care, Inc. shall provide written information about the terms and conditions of the plan to prospective enrollees. Vision Care, Inc. is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes.

NOTE: This product description does not constitute an insurance certificate or policy. The information provided is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusion of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance companies.