Dual Choice Coverage

More than 92% of our plan members choose a network doctor from our *List of Member Doctors*. Doing so means getting the greatest value from the plan at the least out-of-pocket expense. Services and materials are provided on a prepaid basis, and the plan pays network doctors directly.

Plan members may use non-network doctors if they wish. In this case, they pay their doctor at the time of the visit and submit receipts to us for reimbursement. Benefits are paid according to a reimbursement schedule. The following shows the **maximum allowances** for services and materials depending on whether or not a plan member uses a network doctor:

	Network Doctor (after copayments/ up to plan limits)	**Non-Network Doctor** (copays do not apply)
Eye exam	Paid in full	$35
Lenses (per pair)		
Single	Paid in full	25
Bifocal	Paid in full	40
Trifocal	Paid in full	60
Lenticular	Paid in full	100
Contact Lenses		
Elective (fitting, follow-up & lenses)	$130‡	130‡
Medically necessary*	Paid in full	210
Frame (based on $40 wholesale price)	Paid in full	40

* 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.) moncular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life.

‡ This allowance is paid with the same frequency as lenses, **in place of lens and frame benefit**.

The amounts shown are **maximum benefits**. The actual benefit amount the plan will reimburse to a plan member for non-network doctors will be the *least* of: the maximum shown in the schedule; the amount actually charged; or the amount a doctor usually charges a private patient.

The availability of services under the non-network reimbursement schedule is subject to the same time limits and copayments as those for network services. The plan pays non-network benefits in place of services from a network doctor.

Out-of-State Services

In-network services are available through a nationwide network of participating doctors. If plan members travel or move to another state, their plan goes with them. They simply request a *List of Member Doctors* for that area along with the benefit form, and as long as they remain eligible, they will receive the same benefits as they would in their home state.

Underwritten by CompBenefits Insurance Company and administered by Vision Care, Inc. In Florida, underwritten and administered by Vision Care, Inc./Out of Network Benefits underwritten by CompBenefits Insurance Company.