

## Benefit Options

### Welcome to the Envolve Vision Plan!

**Our extensive provider panels are contracted to provide substantial savings for optical products and services.**

#### Getting Started:

- Find a network provider by calling (800) 368-4790 or visiting [www.myvisionplan.com](http://www.myvisionplan.com).
- Make an appointment with an Envolve Vision provider and provide your Envolve Vision Member ID.
- The Envolve Vision network provider takes care of the rest! No paperwork required.

#### Member Benefits Include:

- Vision Exam
- Frames
- Lenses
- Contact Lenses

#### Extra Discounts and Savings\*:

- **LASIK Surgery** 15% off LASIK procedures via LasikPlus Vision Centers [www.lasikplus.com/envolve](http://www.lasikplus.com/envolve).
- **1<sup>st</sup> Pair Discounts** - 20% off fees over the plan allowance on first pair of eyeglasses and contacts.
- **2<sup>nd</sup> Pair Discounts** - 30% off frames & lenses and 25% off sunglasses
- **Additional Discounts** - 20% off contact lenses and additional pairs of eyeglasses beyond the second pair.
- **Online Eyewear Discounts** 30 - 70 % off MSRP for name brand sunglasses, prescription eyeglasses and all commercially available soft contact lenses via <http://envolve.onlineopticalstore.com>.

\*Some providers do not offer discounts. Please verify provider participation prior to receiving services by calling (800) 368-4790 or visiting [visionbenefits.envolvehealth.com/locator/locator.html](http://visionbenefits.envolvehealth.com/locator/locator.html). Most providers do not allow insurance to be combined with discounts, specials or other insurance plans. Discounts are not insurance.

\*\*The current guaranteed premium rate is subject to modification based upon any changes in benefits, policyholder contributions, number of eligible employees, information provided by the applicant on the application, governmental action or change in law or regulation, any of which, individually or in combination, may affect the insurer's risk in underwriting this coverage.

\*\*\* Standard fitting for current wearers of disposable, daily wear, or extended wear lenses. For specialty fittings (new wearers, toric, RGP, multifocal, etc.) the member is responsible for any charges over \$75, less a 20% discount (where applicable).

\*\*\*\*Per pair; sum of individual items determines add-on out-of-pocket. Some providers do not offer discounts. Please verify provider participation prior to receiving services. Discounts are not insurance. Member maximums and covered lens add-ons are limited to the most basic options and do not apply to upgraded or premium materials.

Tier	Monthly Rate**
Employee Only	\$9.14
Employee + 1	\$15.62
Employee + Family	\$26.93

Plan Frequencies	Exam every 12 months Lenses every 12 months Frames every 24 months Contacts every 12 months
Copay	Exam: \$15.00 / Hardware: \$15.00

Benefit	Network Doctor (After Copay)	Non—Network (Copays Apply)
Eye Exam	Paid in full	\$38.50
Frames – Retail Value	\$125.00	\$87.50

Lenses (per pair)		
Single	Paid in full	\$37.50
Bifocal	Paid in full	\$55.00
Trifocal	Paid in full	\$90.00
Lenticular	Paid in full	\$90.00

Contact Lenses ( in lieu of glasses)		
Contact Lenses	\$125.00	\$87.50
Standard Fitting***	Paid in full	\$26.60
Specialty Fitting***	\$75.00	\$52.50
Medically Necessary Contacts	Paid in full	\$210.00

In-Network Member Max Ophthalmic Lens Add-On Liabilities****	
Anti-Reflective Treatment (V2750)	\$40.00
High Index (V2782, V2783)	\$50.00
Photochromatic / Transition (V2744)	\$40.00
Polycarbonate (V2784)	\$35.00
Progressive Lens (V2781)	\$85.00
Scratch Resistance (V2760)	\$15.00
Tint (Solid or Gradient) (V2745)	\$15.00
UV Treatment (V2755)	\$15.00

## HOW TO USE YOUR IN-NETWORK BENEFITS

### ***Do I need to show an I.D. card to the provider to receive my benefits?***

Your Envolve Vision Plan ID card identifies you as a member covered by an Envolve Vision Plan and identifies the plan under which you are covered. It is recommended that you show the provider your I.D. card. However, you may receive services without the I.D. card. Simply identify yourself as an Envolve Vision member with proper personal identification, social security number and the name of your employer.

### ***Under what situations do I make payment directly to the in-network provider?***

You pay the in-network provider for the following: Your plan co-pay(s); any charges over and above your plan allowance; any service or item that is listed as non-covered by your routine vision plan.

### ***Do I need to bring any forms with me to the provider?***

There are no forms required for in-network services.

## HOW TO USE YOUR OUT-OF-NETWORK BENEFITS

### ***How do I make use of my benefit when using an out-of-network provider?***

First, see your provider and pay for your examination and/or materials. Second, complete the Envolve Vision Out-of-Network claim form ([www.myvisionplan.com](http://www.myvisionplan.com)). Remember to sign and date the form. Third, attach the provider's "super bill" (or any other itemized billing or receipt, describing all of the services and materials that were provided to you) to the out-of-network claim form and Mail to: Envolve Vision, Inc., OON, P.O. Box 7548, Rocky Mount, NC 27804. You will be reimbursed according to the schedule of allowances for out-of-network services (typically 70¢ on the in network allowance dollar).

### ***What do I do if there are no in-network providers close to me?***

You may select a non-network provider and use your out-of network benefits. If you wish to nominate a provider to the Panel, call (800) 368-4790 and give the Provider Relations Department representative the name, address and telephone number of the provider you would like to see in the network or you can FAX this information to (800) 980-4002. Your nominated provider will be placed into consideration for panel membership. \*If there is no in network provider within the established standard for driving distance for your location (1 provider within 15 miles-Urban, and 1 provider within 45 miles Suburban/Rural), or if you are unable to get an appointment within two weeks, and you use an out-of network benefits will be paid as if you used an in-network provider.

### ***Can I use the Out-of-Network form to submit services that I receive from an in-network provider?***

No. In-network providers will submit the claim for you. This form is only to be utilized for services received from an out-of-network provider.

### ***How is my out-of-network benefit reimbursed?***

Exams are reimbursed at up to \$38.50 and frames, ophthalmic lenses, contact lenses and contact lens fitting fees are reimbursed according to the schedule on the first page of this member brochure.

### ***Where do I get an Out-of-Network Claim form?***

An Out-of-Network claim form is included in your "member kit" or may be obtained from the Envolve Vision Plans website: [www.myvisionplan.com](http://www.myvisionplan.com).

## HOW TO GET DISCOUNTS ON EYEWEAR

### ***How do I order discounted sunglasses, eyeglasses and contact lenses?***

Go directly to <http://envolve.onlineopticalstore.com>.

### ***Do all providers offer discounts?***

No. Some providers choose to opt-out of our discount program. Please make sure your provider offers discounts prior to receiving services by calling (800) 368-4790 or visiting [visionbenefits.envolvehealth.com/locator/locator.html](http://visionbenefits.envolvehealth.com/locator/locator.html) and looking for the discount symbol.

## LIMITATION

Vision Examination and Vision Materials. Fees charged by providers for services other than Vision Examination or covered Vision Materials must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the policy.

## EXCLUSIONS

No benefits will be paid for services or materials connected with or charges arising from: 1) orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) medical and/or surgical treatment of the eye, eyes or supporting structures; 3) any eye or Vision Examination, or any corrective eyewear, required by an Employer as a condition of employment and safety eyewear, unless specifically covered under the Policy; 4) services or supplies for the treatment of an occupational injury or sickness which are paid under North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement with the North Carolina Workers' Compensation Act; 5) Plano (non-prescription) lenses; 6) non-prescription sunglasses; 7) two pair of glasses in lieu of bifocals; 8) services or materials provided by any other group benefit plans providing vision care; or 9) certain name brands in which the manufacturer imposes a no discount policy. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Period when Vision Materials would next become available.

## TERMINATION OF INSURANCE

Coverage will end on the earliest of: the date the policy ends; the date the employee's employment ends; or the date the employee is no longer eligible; the end of the last period for which any required contribution has been made.

Some Benefits, exclusions, provisions or limitations listed herein may vary depending on your state of residence

