

# Durham Technical Community College Vision Plan

## PROVIDER SEARCH

To locate a provider in your area, go to

[communityeyecare.net](http://communityeyecare.net)

and search by:

- county
- doctor's last name
- practice name
- zip code

## CLAIMS

There are no claims to file when you see an in-network provider. Network providers file claims on your behalf.

Additionally, most CEC network providers offer discounts on the overage if you exceed your allowance — 20% on glasses and 10% on contact lenses.

Maximum coverage for contact lens exams is \$100 for fittings and \$80 for annual evaluations.

If you see a non-network provider, simply submit a claim form and a receipt to Community Eye Care.

## CUSTOMER SUPPORT

Contact CEC's helpful Customer Support Team at **1.888.254.4290** with any questions about benefits or providers.

Durham Technical Community College is pleased to announce the addition of a voluntary vision plan to the list of benefits available to our employees. The plan enables employees and their families to significantly reduce their expenditures for routine eye care. Offered through Community Eye Care, the benefit includes the following:

### VISION 100 PLAN

- An eye exam once a year (\$15 co-pay)
- A \$100 allowance for eyewear annually (\$15 co-pay)
- A contact lens fitting, re-fit, or evaluation once a year (\$15 co-pay)

### VISION 150 PLAN

- An eye exam once a year (\$10 co-pay)
- A \$150 allowance for eyewear annually (\$10 co-pay)
- A contact lens fitting, re-fit, or evaluation once a year (\$25 co-pay)

The allowance can be applied to frames, spectacle lenses, contact lenses, special lens options, or any combination. As long as you select eyewear having a retail price that's less than or equal to your allowance, the only out-of-pocket expense you incur for the eyewear is the co-pay.

## HOW TO USE THE BENEFIT

1. Select a provider from the Community Eye Care provider network.
2. Call the provider to make an appointment, and let them know that you have Community Eye Care coverage.
3. See the doctor and select your eyewear.
4. Your only payments to the provider are your co-pays, plus any discounted amount that exceeds the eyewear allowance.

### MONTHLY RATES

	100 Plan	150 Plan
Employee Only	\$4.95	\$8.95
Employee + One	\$9.42	\$17.00
Employee + Family	\$14.53	\$25.96



Vision Benefits Made Simple