

Pamlico County Schools Vision Plan

PROVIDER SEARCH

To locate a provider in your area, go to

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.

Pamlico County Schools is pleased to provide this summary of the vision plan 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:

EYE EXAMINATION

- An eye exam once a year (\$10 co-pay)
- A contact lens fitting, re-fit or evaluation once a year (\$10 co-pay)

EYEWEAR ALLOWANCE

- An eyewear allowance of \$150 (per person) every 12 months.

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, you incur no out-of-pocket expense for the eyewear.

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 \$150 eyewear allowance.

| MONTHLY RATES | 12-month | 11-month | 10-month |
|-------------------|----------|----------|----------|
| Employee Only | \$10.73 | \$11.71 | \$12.88 |
| Employee + One | \$20.37 | \$22.22 | \$24.44 |
| Employee + Family | \$30.01 | \$32.74 | \$36.01 |

