



This benefit does not require re-enrollment each year.

Vision

The Vision plan is administered by EyeMed Vision Care and underwritten by Fidelity Security Life Insurance. It offers two schedules of benefits (Basic and Enhanced) — both provide a comprehensive eye exam and benefits for vision materials. A covered participant may receive either eyeglass lenses or contact lenses in a benefit period but not both.

Another option (available to employees only) is the Core Wellness Exam Plan which is available at no cost to the employee if he or she enrolls.

Core Wellness Exam Plan

The Core Wellness Exam Plan is available at no cost to the employee if he/she enrolls for coverage. An employee can receive an annual comprehensive eye exam for a \$20 copay. If vision materials are needed, there are lens allowances and discounts on frames from providers in the EyeMed network. Go to www.ncflex.org to find a network provider.

Basic Plan: Exam and Materials

The Basic Plan provides an annual comprehensive eye exam and a choice of eyeglass lenses or contact lenses (\$120 allowance) once every 12 months, per covered person, and frames (\$125 allowance) once every 24 months, per covered person.

Enhanced Plan: Enhanced Exam and Materials

The Enhanced Plan provides an annual comprehensive eye exam and a choice of eyeglass lenses or contact lenses (\$175 allowance) and frames (\$200 allowance) once every 12 months, per covered person.

Vision Network

The Core, Basic, and Enhanced plans offer in-network and non-network benefits. Employees pay less when they use a network provider. The employee is responsible for paying any charges in excess of the covered benefit. When using a non-network provider, the employee pays the provider in full and submits an out-of-network claim form (along with a copy of the receipt) to EyeMed. He/she will be reimbursed up to the amount of the out-of-network allowance.

There are more than 2,900 in-network providers throughout the state, including independent eye doctors, retail stores, and even online options. If an employee's vision care provider is not part of the EyeMed network, he/she (or the provider) may contact EyeMed with the provider's name, address, and telephone number to begin the provider nomination process.

Cost

The monthly vision premium is based on the plan an employee chooses and whom he/she covers. Even if the employee only wants to participate in the Core Wellness Exam Plan, he or she must still enroll.

Coverage Level	Core Wellness Exam	Basic Plan	Enhanced Plan
Employee Only	No charge	\$4.50	\$8.00
Employee and Family	N/A	\$11.66	\$20.52

LASIK or PRK Surgery

EyeMed members save 15% off retail price or 5% off the promotional price of LASIK. To find a LASIK location, visit www.eyemedlasik.com or call **1-800-988-4221**.

Find a Provider

Need help locating the nearest eye doctor?

Visit www.eyemedvisioncare.com/ncflex or call EyeMed at **1-866-248-1939**.

On the go? Download the EyeMed Members App (in the App Store or Google Play) to find an eye doctor and get directions, view the member ID card, save a vision prescription and more.

Using EyeMed Benefits with In-Store Discounts

Some eye doctors and retailers occasionally run special promotions that may require that participants not use their benefits to take advantage of special pricing. When considering a purchase, employees should talk with the provider about their options or call EyeMed at **1-866-248-1939**.

Employees can access members-only special offers by registering on www.eyemedvisioncare.com/ncflex or by downloading the EyeMed Members App (in the App Store or Google Play) for special offers on vision-related products and services, such as:

- Discounts on frames and lenses
- Savings on contacts
- Exclusive offers from network providers and retailers
- Free shipping from online retailers
- Free vision products, like lens cleaner kits and more, all from trusted EyeMed network providers

Wellness Tip

The eye is the only area of the body with a clear view of blood vessels. Using vision benefits can help spot serious conditions like: cancer, diabetes, heart disease, high blood pressure, high cholesterol, neuromuscular diseases, rheumatic diseases, and sickle cell anemia.



Additional Member-Only Savings*

Employees receive additional savings just for being an EyeMed member, such as:

- 20% off any remaining cost for frames once the frame allowance has been applied.
- 40% off unlimited, additional complete pairs of prescription eyewear.
- 15% off any balance over the conventional contact lens allowance.
- 20% off any item not covered by the benefit.
- Discounted set pricing on hearing aids and free batteries.

**At participating in-network providers. Refer to the special offers page on EyeMed's website for details and exclusions.*

Changing Plans

During annual enrollment, an employee may change between the Core, Basic, and Enhanced plans. The frame allowance, if applicable, will change each calendar year depending on the plan an employee enrolls in. An employee may enroll in only one of the three vision coverage options. To receive family coverage, an employee must enroll in the Basic or Enhanced plan.

Continuation of Coverage

Employees who terminate employment may continue their EyeMed vision coverage by paying their monthly premiums directly to the COBRA vendor. COBRA enrollment materials will be sent to the employee's last known address.

This is only a summary of the benefit plan. All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Coverage. An employee may review and/or obtain a copy of the Certificate of Coverage by visiting www.ncflex.org.

Summary of Benefits

Vision Care Services	Basic Plan		Enhanced Plan	
	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**
Exam with Dilation as Necessary	\$20 copay	Up to \$44	\$20 copay	Up to \$44
Retinal Imaging	Up to \$39	N/A	Up to \$39	N/A
Frames	\$0 copay, \$125 allowance, 20% off balance over \$125	Up to \$50	\$0 copay, \$200 allowance, 20% off balance over \$200	Up to \$93
Standard Plastic Lenses				
Single Vision	\$0 copay	Up to \$34	\$0 copay	Up to \$34
Bifocal	\$0 copay	Up to \$48	\$0 copay	Up to \$48
Trifocal	\$0 copay	Up to \$64	\$0 copay	Up to \$64
Lenticular	\$0 copay	Up to \$88	\$0 copay	Up to \$88
Standard progressive lens	\$50 copay	Up to \$64	\$50 copay	Up to \$64
Premium progressive lens	\$70-\$95 copay	Up to \$64	\$70-\$95 copay	Up to \$64
Tier 1	\$70 copay	Up to \$64	\$70 copay	Up to \$64
Tier 2	\$80 copay	Up to \$64	\$80 copay	Up to \$64
Tier 3	\$95 copay	Up to \$64	\$95 copay	Up to \$64
Tier 4	\$50 copay, 20% off retail less \$120 allowance	Up to \$64	\$50 copay, 20% off retail less \$120 allowance	Up to \$64
Lens Options				
UV treatment	\$15	N/A	\$15	N/A
Tint (solid and gradient)	\$15	N/A	\$15	N/A
Standard plastic scratch coating	\$13 copay	Up to \$2	\$13 copay	Up to \$2
Standard polycarbonate – adults	\$40	N/A	\$40	N/A
Standard polycarbonate – kids under 19	\$40	N/A	\$40	N/A
Standard anti-reflective coating	\$45	N/A	\$45	N/A
Premium anti-reflective coating	\$57-\$68	N/A	\$57-\$68	N/A
Tier 1	\$57	N/A	\$57	N/A
Tier 2	\$68	N/A	\$68	N/A
Tier 3	20% off retail	N/A	20% off retail	N/A
Photochromatic/transitions plastic	\$75	N/A	\$75	N/A
Polarized	20% off retail	N/A	20% off retail	N/A
Other add-ons and services	20% off retail	N/A	20% off retail	N/A
Contact Lens Fit and Follow Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed.)				
Standard contact lens fit & follow up	\$20 copay, paid-in-full and two follow-up visits	Up to \$44	\$20 copay, paid-in-full and two follow-up visits	Up to \$44
Premium contact lens fit & follow up	\$20 copay, 10% off retail price, then apply \$55 allowance	Up to \$44	\$20 copay, 10% off retail price, then apply \$55 allowance	Up to \$44
Contact Lenses (Contact lens allowance includes materials only.)				
Conventional	\$0 copay, \$120 allowance, 15% off balance over \$120	Up to \$100	\$0 copay, \$175 allowance, 15% off balance over \$175	Up to \$117
Disposable	\$0 copay, \$120 allowance	Up to \$100	\$0 copay, \$175 allowance	Up to \$117
Medically necessary	\$0 copay, paid in full	Up to \$210	\$0 copay, paid-in-full	Up to \$210
Laser Vision Correction				
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A	15% off the retail price or 5% off the promotional price	N/A
Hearing Care				
Hearing Health Care from Amplifon Hearing Network	Discounted set pricing on hearing aids and free batteries.	N/A	Discounted set pricing on hearing aids and free batteries.	N/A
Frequency				
Examination	Once every 12 months		Once every 12 months	
Lenses or contact lenses	Once every 12 months		Once every 12 months	
Frame	Once every 24 months		Once every 12 months	

*In-Network copays represent the most an employee will have to pay for specific in-network benefits.

**Out-of-Network allowance amounts represent the most the plan will pay for specific out-of-network benefits. Employees pay 100% of any expense over the allowance amount.

Summary of Benefits

Vision Care Services	Core Plan	
	In-Network*	Out-of-Network**
Exam with Dilatation as Necessary	\$20 Copay	Up to \$44
Retinal Imaging	Up to \$39	N/A
Frames* <i>Complete pair eyeglasses purchase discounts*. Frame, lenses, and lens options must be purchased in the same transaction to receive full discount.</i>	35% off retail price	N/A
Standard Plastic Lenses		
Single vision	\$50	N/A
Bifocal	\$50	N/A
Trifocal	\$105	N/A
Standard progressive lens	\$135	N/A
Lens Options		
UV treatment	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard plastic scratch coating	\$15	N/A
Standard polycarbonate – adults	\$40	N/A
Standard polycarbonate – kids under 19	\$40	N/A
Standard anti-reflective coating	\$45	N/A
Polarized	20% off retail	N/A
Other add-ons and services	20% off retail	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	15% off retail	N/A
Disposable	0% off retail	N/A
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	Discounted set pricing on hearing aids and free batteries.	N/A
Frequency		
Examination	Once every 12 months	
Lenses or contact lenses	Unlimited	
Frame	Unlimited	
<i>*Frame, lens, and lens option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.</i>		
Additional Discounts (Additional discounts are not insured benefits.)		
Non-prescription sunglasses	20% off	N/A
Remaining balance beyond plan coverage	20% off	N/A

*In-Network copays represent the most employees will have to pay for specific in-network benefits.

** The Out-of-Network allowance for vision exam is the most employees will pay for this benefit. Employees pay 100% of any expense over the allowance amount.

Plan Exclusions

No benefits will be paid for services or materials connected with or changes arising from:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing; Aniseikonic lenses.
- Medical, pathological and/or surgical treatment of the eye, eyes or supporting structures.
- Any vision examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear.
- Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof.
- Plano (non-prescription) lenses.
- Non-prescription sunglasses.
- Two pair of glasses in lieu of bifocals.
- Services or materials provided by any other group benefit plan providing vision care.
- Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and services rendered to the Insured Person are within 31 days from the date of such order.
- Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.