



Optix Exam Plus Vision Plan

Dade County Government

		Panel	Non-Panel ¹
Plan Frequencies	Exam Every	Once Every Plan Year	12
	Lenses Every	Once Every Plan Year	12
	Frames Every	Once Every Plan Year	24
Co-payments	Exam	\$0	N/A
	Lenses and/ or Frames	\$10	N/A
Covered Lens Options	Transition ⁶	Paid in full	\$75
	Child Polycarbonate ⁵	Paid in full	\$0
	Progressive Levels 1-3	Paid in full	\$0
Maximum Allowances		Panel	Non-Panel ¹
(after co-payments up to plan limits)			
Eye Exam		Paid in full	\$40
Lenses (per pair)	Single	Paid in full	\$40
	Bifocal	Paid in full	\$50
	Trifocal	Paid in full	\$60
	Lenticular	Paid in full	\$100
Contact Lenses²	Medically necessary ³	*** Paid in full or up to \$175 Allowance	up to \$175
	Elective	*** Paid in full or up to \$120 Allowance	up to \$120
	Contact Lens Fitting Fee	*** Paid in full	N/A
	Mail Order Contact Replacement	20% provider discount	N/A
Frame	LASIK Surgery	\$3,600 both eyes	N/A
	Select Frame or \$45 wholesale	\$117 retail equivalent ⁴	\$50 retail
Calendar Year Deductible	None, after plan Co-payments		
Calendar Year Maximum Benefit	Up to plan limits		
Lifetime Maximum Benefit	Unlimited		
Waiting Periods	None		

¹The 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.

²This allowance is paid with the same frequency as lenses, in place of the lens and frame benefit. Contact Exam is covered by Exam Co-payment.

³Medically necessary (prior authorization required) is defined as 1) following cataract surgery without 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) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life

⁴The retail value is approximately 2.6 times the wholesale allowance.

⁵Polycarbonate lens option covered in full for dependents under 19 years of age.

⁶Transition lens options covered: Glass PGX and PBX, Glass Thin & Dark / PhotoSun 2 / Photo Gray 2 and other transition materials.

*** Limited to a select group of daily wear contacts (CIBA Soft, Wesley Jessen D2T4, and Optima 35) and does not include the fitting fee. The \$120 allowance applies to non-select contact lenses. The frequency of this benefit is once per every plan year, one claim per plan year.

Co-Payments

		Network	Non -Network ¹
Non-Standard Lens Types	RD Seg	\$20.00	N/A
	Flat Top 35	\$25.00	N/A
	D45 & Ultex	\$35.00	N/A
	Executive Bif	\$25.00	N/A
	Blended Bif	\$40.00	N/A
	Trifocal 8x35	\$40.00	N/A
	Trifocal Exec	\$75.00	N/A
	Cataract Lenses SV or Full Field powers (+10.00 above)	\$90.00	N/A
Other Progressive Lenses			
	Varilux Liberty	\$140.00	N/A
	Varilux Panamic	\$150.00	N/A
	Varilux Ellipse	\$150.00	N/A
	Varilux Physio	\$155.00	N/A
	Varilux Physio 360	\$210.00	N/A
	Kodak Unique	\$200.00	N/A
High Index Lenses			
	Single Vision	\$60.00	N/A
	Flat Top 28	\$60.00	N/A
	VIP or XL Gold	\$150.00	N/A
	Varilux Comfort 1.60	\$220.00	N/A
	Varilux Comfort 1.67	\$180.00	N/A
	Varilux Panamic 1.60	\$180.00	N/A
	Varilux Ellipse 1.67	\$220.00	N/A
	Varilux Phsio 1.67	\$220.00	N/A
	Varilux Physio 360 1.67	\$240.00	N/A
		Kodak Unique 1.60	\$240.00
Polycarbonate Lenses for Adults			
	Single Vision	\$50.00	N/A
	Flat Top 28	\$62.00	N/A
	Flat Top 35	\$75.00	N/A
	Trifocal 7x28	\$70.00	N/A
	Sola VIP or XL	\$130.00	N/A
	Kodak Concise	\$100.00	N/A
	Kodak Precise	\$135.00	N/A
	Kodak Precise Short	\$135.00	N/A
	Varilux Comfort	\$150.00	N/A
	Varilux Liberty	\$150.00	N/A
	Varilux Panamic	\$160.00	N/A
	Varilux Ellipse	\$165.00	N/A
	Varilux Physio	\$165.00	N/A
	Varilux Physio 360	\$230.00	N/A
		Adaptar	\$150.00
	Kodak Unique	\$230.00	N/A
Glass Lenses Clear			
	RD. Seg	\$25.00	N/A
	Flat Top 35	\$30.00	N/A
	Ultex	\$40.00	N/A
	Executive	\$30.00	N/A
	Trifocal 7x35	\$45.00	N/A
Glass PGX Lenses			
	Single Vision	\$35.00	N/A
	Flat Top 28	\$60.00	N/A
	Flat Top 35	\$70.00	N/A
	RD. Seg	\$60.00	N/A
	Ultex	\$85.00	N/A
	Executive	\$75.00	N/A
	Trifocal 7x28	\$70.00	N/A
	Trifocal 7x35	\$90.00	N/A
	Adaptar	\$215.00	N/A
		Varilux Comfort	\$215.00
Anti-Reflective Coatings			
	AR Coating (1 year warranty)	\$44.00	N/A
	Crizal AR Coating	\$57.00	N/A
	Crizal Alize [®] AR Coating	\$67.00	N/A
	Crizal Alize [®] w/Clear Guard	\$77.00	N/A
	Kodak Clear AR	\$57.00	N/A
Polarized Lenses			
	Single Vision	\$100.00	N/A
	Flat Top 28	\$160.00	N/A
	Varilux Comfort	\$300.00	N/A
	Nupolar Image	\$240.00	N/A
Optional Frames			
	Toddle Goggle or Pediatric Metal	N/C	N/A

The Optix Vision Plan provides access to independent eyecare professionals who are committed to providing quality vision care.

WHAT CAN YOU EXPECT?

- Immediate savings.
- Convenient locations.
- No long waits for rebates.
- No complicated forms to fill out.
- Quality professional care and services.

SELECTING YOUR EYECARE PROFESSIONAL

To receive panel benefits, you must receive vision services from a participating provider on the Optix Vision Plan network. Refer to the provider listing in this booklet for the eyecare professional nearest you. Family members are welcome to choose different providers. However, prior to receiving care, remember to verify that the provider is still participating as listings are subject to change.

MAKING AN APPOINTMENT

You may schedule an appointment by calling the eyecare professional you have selected. Remember to identify yourself as a member of the Optix Vision Plan and give the office the social security number of the primary member. You don't need authorization numbers or forms. Your provider will simply verify your eligibility.

DAY OF APPOINTMENT

Identify yourself as a member of the Optix Vision Plan. This will ensure that you receive the proper savings. All discounts and allowances will be applied at the time services are rendered. You will be responsible to pay the provider's office for any applicable copayments or balances due above the plan allowance at the time services are rendered.

TERMS OF ENROLLMENT

Enrollment in the Optix Vision Plan is for a minimum of 12 consecutive months while employed by your current employer. Enrollment in the plan will be allowed during open enrollment periods as determined by your employer and Optix.

CANCELING APPOINTMENTS

The time set aside for a patient is very valuable to your eyecare professional. Therefore, if you cannot keep an appointment, notify the office at least 24 hours in advance. If you do not notify the office, you may be charged for a canceled appointment.

EFFECTIVE DATE OF COVERAGE

The effective date of coverage is established between your employer and Optix. Upon enrollment you will be notified of your effective date of coverage.

MEMBER SUPPORT

If you have an inquiry or grievance, Optix encourages you to contact us.

For Miami-Dade County Government employees: Optix Vision Plan (800) EYE-CURE • (800) 393-2873 Monday through Friday 8:00 a.m. to 5:00 p.m.	For Jackson Health System employees: Optix Vision Hotline Fringe Benefits Management Co. (800) 342-8017 Monday through Friday 8:00 a.m. to 10:00 p.m.	or submit it in writing to: Optix Vision Plan P.O. Box 30349 Tampa, FL 33630-3349
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HOW TO USE THE OPTIX VISION PLAN PANEL BENEFITS

1. Go to [www.compbenefits.com](#) for a list of participating providers. Benefits listed are valid at all participating eye doctors.
2. Identification cards are not needed. Your eligibility for service is verified by identifying yourself as an Optix Vision Plan participant when you make an appointment with a participating eye doctor.
3. The eye doctor's office will handle all claim forms.

Important notes to remember:

1. The eye exam, contact lens (new or replacement) and lenses are provided once every plan year regardless of prescription change. Frames are provided once a year through a network provider or once every two years if using a non-panel provider.
2. Your out-of-pocket cost for the service rendered is paid by you upon receipt of services. Oversize lenses, tinted lenses, sunglasses, nonstandard and photochromatic lenses may be purchased with an additional charge. Contact lenses are in lieu of frames and lenses. †
3. Certain therapeutic and diagnostic procedures are available to the participants of Optix Vision Plan on a co-payment basis. See your certificate of insurance for a list of these procedures. There is no annual deductible with this plan.

HOW TO USE THE OPTIX VISION PLAN NON-PANEL BENEFITS

1. Optix Vision Non-Panel Plan benefits are valid at any licensed ophthalmologist, optometrist or optician, who is not an Optix plan provider.
2. Vision care claim forms are available at your worksite or will be provided upon request by calling Optix Vision Plan —
For Miami-Dade County Government employees: (800) EYE-CURE • (800) 393-2873
For Jackson Health System employees: (800) 342-8017

Important notes to remember:

1. You are responsible for payment of the entire fee. There will be a reimbursement by the Optix Vision Non-Panel Plan up to the amounts listed earlier in this brochure.
2. The vision exam is provided once every plan year; maximum \$ 40 reimbursement.
3. Lenses are provided once every plan year, if needed, as determined by your optometrist or ophthalmologist.
4. Frames are provided every two years if needed. Frames are limited to a maximum of \$ 50 reimbursement.
5. Contact lenses will be provided once every plan year* under the plan if needed, as determined by your optometrist or ophthalmologist. Payment will be made for only one pair of lenses, either single, bifocal, trifocal, or contacts during a plan year. Benefits are not payable for contact lens fitting charges. No frame or lens benefits are available during the plan year that contact lenses are elected.†

EXCLUSIONS & LIMITATIONS

- Cosmetic contact lenses;
- Medical or surgical treatment of the eyes (covered by medical plan);
- Any services or material under preferred panel when the plan procedures are not followed;
- Services and materials for orthoptics or vision training, subnormal vision aids, aniseikonic lenses, two pair of glasses in lieu of bifocals, nonprescription glasses;
- Lost or broken lens replacement or repair, unless it is time for your annual exam;
- Any services and material that Worker's Compensation, another plan, or a government agency provides; and
- Any employer-required exam as a condition for employment.

This product description does not constitute an insurance certificate or policy. The information provided is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusion of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance companies.

* Benefits will be based on the calendar year, not the effective date of coverage.

† Not applicable with any other promotion. Does not apply to sale items or other discounted products.

The Optix network of private eyecare professionals is contracted through CompBenefits.

LASIK & PRK

Opening doors to better vision for thousands of people - with affordable LASIK & PRK procedures. *

Extensive publicity and positive patient experience have created the acceptance and growth of laser vision correction. Network doctors can help plan members understand these new procedures and provide access to our network of LASIK and PRK providers.

Reduced Fees

The LASIK and PRK procedures are available for plan members who are nearsighted or have astigmatism and wear glasses or contacts.** We have contracted with many of the finest facilities and eye doctors to offer these procedures at substantially reduced fees. Our network of centers features all TLC Laser Center (TLC Vision) facilities as well as many of the leading independent laser centers in the country. If a plan member uses one of these facilities, the member will receive a preferred savings of 15% off usual and customary charges or 5% off the advertised fee at the site where services will be rendered, whichever fee is lowest, per eye, for LASIK and PRK. The maximum fee payable by a member who is a qualified candidate for LASIK shall be no more than \$1,800 per eye for Conventional LASIK and \$2,300 per eye for Custom LASIK. The maximum fee payable by a member who is a qualified candidate for PRK shall be \$1,500 per eye for Conventional PRK, and \$2,000 per eye for Custom PRK.

Quality Providers

Selected providers work with us in this program based upon their experience and quality results. All providers of these procedures are board-certified ophthalmologists who work in the most advanced facilities.

Easy Access to Service

During your comprehensive eye health examination, your doctor can determine if you are a candidate for LASIK or PRK. If you qualify, the doctor can also make arrangements for the procedure with one of the centers that participates in this program. Plan members can also go directly to one of the participating providers.

In either case, you must first contact your vision plan either by visiting our Web site (www.compbenefits.com) or calling our Customer Care Department at 800-865-3676 for a list of providers,*** and to receive a RefractiveCare ID Card.

This discount cannot be combined with any other discount or promotional offer. The RefractiveCare program is not affiliated with any medical or health plan.

* Laser-assisted in-situ keratomileusis; photorefractive keratectomy

** If qualified as a LASIK and PRK candidate by the network doctor

*** Program availability and professional fees may vary based upon location and regulatory approval