

## **HOW THE PLAN WORKS**

### ***Understanding the Plan***

The Vision Care Plan offers coverage in two ways:

- Through providers who participate in the EyeMed Vision Care Access network, or
- Through providers who do not participate in the EyeMed Vision Care Access network.

When you need vision care services, you decide which provider you want to use. You may use different providers for each service or supply you need. For example, you may use one provider for your eye exam, but obtain your frames and lenses or contact lenses from another provider.

When you go to a network provider, you either pay nothing or an out-of-pocket fee, as shown in the table “Comparison of Vision Care Benefits.”

When you go to a non-network provider, you are responsible for paying the provider’s charge in full. To claim benefits, you must submit a claim form. You are then reimbursed up to the amount specified in the schedule of benefits (see “Comparison of Vision Care Benefits”).

Generally, your out-of-pocket expenses are lower when you use a network provider.

### ***Selecting a Network Provider***

For your convenience, when you are enrolled in the Vision Care Plan, you will receive a one-page benefits summary which lists local network providers and includes an ID card to use when visiting a network provider. However, the network is growing and subject to change, so it is recommended that before selecting a provider, you contact the **Claims Administrator** (see “Important Contacts”) or visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) to obtain the most current network information.

To ensure you receive the maximum benefit, keep in mind that an optometrist or ophthalmologist who performs an eye exam or other service at a retail location may be an independent practitioner and may not be affiliated with the store. Before obtaining service, you should verify the network status of the provider for both the exam and materials (e.g., lenses, frames or contacts).