

Vision Benefits Summary



SELECT PLUS 150 PLAN

CITY OF TAMPA

Effective Date: January 1, 2019

| COVERAGE | IN-NETWORK | OUT-OF-NETWORK ¹ |
|---|---|-----------------------------|
| EXAMS | \$0 copay | \$0 copay |
| Comprehensive Eye Examination <i>(with dilation)</i> | Covered in full after copay | Reimbursed up to \$40 |
| Contact Lens Fit & Follow-up | \$40 allowance (copay does not apply) | Not covered |
| MATERIALS | \$15 copay | \$15 copay |
| Eyeglasses² (in lieu of contact lenses) | | |
| Standard Plastic CR-39 Lenses | Covered in full after copay | Reimbursed up to: |
| ▪ Single | | ▪ Single \$20 |
| ▪ Bi-focal | | ▪ Bi-focal \$40 |
| ▪ Tri-focal | | ▪ Trifocal \$60 |
| ▪ Lenticular | | ▪ Lenticular \$100 |
| Standard Frames | \$150 retail allowance | Reimbursed up to \$60 |
| Contact Lenses³ (in lieu of eyeglass lenses and frames) | | |
| Elective Contact Lenses | \$150 retail allowance | Reimbursed up to \$80 |
| Medically Necessary Contact Lenses ⁴ | \$250 retail allowance | Reimbursed up to \$250 |
| LENS UPGRADES | Available when you use your eyeglass lens benefit | |
| Polycarbonate Lenses <i>(members age 19 and under)</i> | Covered in full (copay does not apply) | Not covered |
| Standard Progressive Lenses | Additional \$50 copay | Not covered |
| Photochromic Lenses | Additional \$60 copay | Not covered |

1. For out-of-network services, you will be reimbursed up to the amount shown, less your copay.
2. A single materials copay applies to standard lenses and frames when purchased together.
3. Benefit is paid only once during benefit period and must be fully utilized at time of purchase.
4. Only available for conditions of Aphakia, Keratoconus, or severe Anisometropia; preauthorization is required.

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| <p>BENEFIT FREQUENCY</p> <p>Eye Exam Every 12 months</p> <p>Eyeglass Lenses Every 12 months</p> <p>Eyeglass Frames Every 12 months</p> <p>Contact Lenses Every 12 months</p> | <p>ADVANTICA VALUE DISCOUNTS </p> <p>Discounts are available at select participating discount provider locations. Look for the star on our online provider search.</p> <p>The Advantica <i>Value</i> Discounts program is not part of your insured benefit.</p> <p>Polycarbonate Lenses (members over age 19): \$30</p> <p>Laser Vision Correction: Preferred Pricing through QualSight®</p> |
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REFER TO YOUR CERTIFICATE OF COVERAGE FOR FULL COVERAGE DETAILS, LIMITATIONS AND EXCLUSIONS. Insurance coverage is underwritten by Advantica Insurance Company and administered by Advantica Administrative Services, Inc.

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IMPORTANT TO REMEMBER!

Here are some tips to help you get the most out of your Advantica vision benefits:

- Copays apply to all benefits except where noted.
- Where the benefit includes an allowance, you are responsible for charges over that allowance in addition to the applicable copay.
- When you visit an in-network provider, you are responsible for your exam copay at the time of your visit, and your materials copay at the time of your purchase.
- If you use an out-of-network provider, submit your claim to Advantica for reimbursement within 12 months of the date of service. You will be reimbursed up to the amount shown, less your copay.
- Exam and material frequencies will restart at the beginning of each benefit year. Your benefit year runs from your group's effective date.

CONVENIENT ACCESS TO VISION CARE

To find these and other participating vision care providers, visit us online at www.advanticabenefits.com and click on "Provider Search," or call customer service at (866) 425-2323.

Visionworks®

JCPenney Optical®

Sears Optical®

Pearle Vision®

For Eyes Optical®

America's Best®

Eyeglass World®

ADVANTICA MEMBER SUPPORT

If you have questions about your benefits or need support, we're here to help.

- **Visit us online at www.advanticabenefits.com.** Access member forms, find a provider, request an ID card, review benefits, check claim status, and more. Go to the members page and click "Member Login."
- **Call (866) 425-2323.** Advantica customer service representatives are available Monday through Friday from 8:00 a.m. until 6:00 p.m. Eastern Time. Beyond regular hours of operation, our automated telephone system is available for support.
- **Email CustomerService@advanticabenefits.com.** Please provide a detailed explanation of your request with your full name, date of birth and subscriber ID number. A member of our team will respond within one business day.

