



**For 2018, new vendor
with larger network
and lower rates!**

Vision Care

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

Core: Wellness Exam

Core vision coverage is available to you at no cost, if you enroll for coverage. You 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 in your area.

Basic Plan: Exam and Materials

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

Your Vision Network

The Core, Basic, and Enhanced plans offer in-network and non-network benefits. Using an in-network provider will result in less expense for you. Remember, you are responsible for paying any charges in excess of your covered benefit. When using a non-network provider, you pay the provider in full and submit an out-of-network claim form (along with a copy of your receipt) to EyeMed. You will be reimbursed up to the amount of your out-of-network allowance.

You can choose from more than 2,900 in-network providers throughout the state, including independent eye doctors, retail stores and even online options. If your vision care provider is not part of the EyeMed network, you or your provider may contact EyeMed with the provider's name, address, and telephone number to begin the provider nomination process.

Cost

Your monthly vision premium is based on the plan you choose and whether you elect to cover yourself only, or yourself and your family. If you wish to only participate in the Wellness Core Exam, you must still enroll.

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

Lower Rates

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.

Coordination with the Health Care Flexible Spending Account (HCFSAs)

Even if you do not elect vision coverage, you can still set aside money from your pay on a pre-tax basis and be reimbursed for out-of-pocket vision expenses under the HCFSAs. See page 9 for more information.

EyeMed Vision is underwritten by Fidelity Security Life Insurance Company.

New! for 2018

- New and larger network
- Higher frame allowance (\$200) and contact lens allowance (\$175) on the Enhanced Plan
- Hearing aid discounts
- See page 21 for additional member savings

Find a Provider

Need help locating the nearest eye doctor? Visit www.ncflex.org 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 near you and get directions, plus view your member ID card, save your vision prescription and more.

Using EyeMed Benefits with In-Store Discounts

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

Looking for members-only special offers? You have access to special savings just for being an EyeMed member. Register on www.eyemedvisioncare.com/NCFlexoe or download 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 your 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 for 2018*

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

- 20% off any remaining cost for frames once your 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
- \$20 "benefit booster" at ContactsDirect.com
- Up to \$50 off non-prescription sunglasses at Sunglass Hut
- 40% off hearing exams and discounted set pricing on hearing aids

**At participating in-network providers.*

Wellness Tip

Did you know that 25% of school age children have trouble with their vision? Since 80% of what kids learn is processed through their eyes, it is important to have children's vision checked early!



Changing Plans

During annual enrollment, you may change between the Core, Basic, and Enhanced plans. The frame allowance, if applicable, will change each calendar year depending on the plan you enroll in. You may enroll in only one of the three benefit plans. If you need family coverage, you must enroll in the Basic or Enhanced plans.

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. You 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	New! \$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		\$70-\$95 copay	
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	New! \$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		15% off the retail price or 5% off the promotional price	
Hearing Care				
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A	40% off hearing exams and a low price guarantee on discounted hearing aids	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	

Summary of Benefits

Vision Care Services	Core Plan	
	In-Network	Out-of-Network
Exam with Dilation 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	
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	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	
Remaining balance beyond plan coverage	20% off	

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