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Vision



LEARN MORE!
Watch the video

NCFlex offers vision coverage through EyeMed Vision Care to save money on eye exams and eyewear. You can see any vision provider you choose. The level of benefits you receive depends on whether you go in-network or out-of-network for services.

The Vision Plan offers three schedules of benefits: Core, Basic and Enhanced. Core vision coverage is available to you at no cost, if you enroll, and covers an annual eye exam with a \$20 copay. Both the Basic and Enhanced 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.

The EyeMed Network

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.

Benefit Tip!

You can use the Health Care Flexible Spending Account (HCFA) to pay for vision expenses (that are not covered by another plan) on a pre-tax basis.



For More Information

To contact EyeMed, call 866-248-1939 or visit <http://www.eyemedvisioncare.com/NCFlexoe>.

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Vision At-a-Glance

The chart below shows in-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.

Benefit	Core	Basic	Enhanced
Eye exam (once per year)	\$20 copay	\$20 copay	\$20 copay
Contact lenses	Discount	\$120 allowance (once every 12 months)	\$175 allowance (once every 12 months)
Frames	35% off retail	\$125 allowance (once every 24 months)	\$200 allowance (once every 12 months)
Single Vision standard lens	You pay \$50	\$0 copay	\$0 copay
Standard progressive lens	You pay \$135	\$50 copay	\$50 copay
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low-price guarantee on discounted hearing aids	40% off hearing exams and a low-price guarantee on discounted hearing aids	40% off hearing exams and a low-price guarantee on discounted hearing aids
LASIK or PRK from US laser network	15% off the retail price, or 5% off the promotional price, whichever you prefer	15% off the retail price, or 5% off the promotional price, whichever you prefer	15% off the retail price, or 5% off the promotional price, whichever you prefer

Vision Monthly 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 Core Wellness Exam, you 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

*The core wellness exam is a free benefit, but you must enroll to have coverage.

For More Information

For more details on what is covered and what is excluded under the Vision Plan, go to ncflex.org, select **Vision**, then click **Plan Information, Claim Forms, Certificates and More.**



Discover More Discounts and Special Offers through EyeMed...

Once you are enrolled, be sure to register on www.eyemedvisioncare.com/NCflex or download the EyeMed Members App (in the App Store or Google Play) for additional special offers and discounts on vision-related products and services.